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ABSTRACT

The report examines current problems in assessing and identifying learning disabled students and recommends practices to solve those problems. An initial chapter reviews the reasons for misidentification of this population. Section I presents a summary of identification practices drawn from guidelines of 50 state educational agencies, the District of Columbia, and 48 local educational agencies. Sections II through IV deal with these practices in greater detail, including such topics as the following: determining eligibility (terminology and definition, exclusionary criteria, the discrepancy criterion); identification procedures (pre-referral activities, teacher support teams, identification of high risk students); and decision making (team decision making, transitioning and exiting procedures). It is recommended that: (1) on the state level, practices and procedures already in operation should be reviewed and refined; and (2) on the local level, guidelines need to be more clearly delineated, and known improvements applied. The long-range implications are that: (1) the roles of special education versus regular education should be redefined; (2) the concept of "eligibility" ought to be reviewed; and (3) there is a great need for regular education to develop special help alternatives for any student who may need assistance. (CL)

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Identifying Learning Disabled Students:

Guidelines For Decision Making

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December 1984

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Joseph Fisher, Assistant Superintendent, Department of Specialized Educational Services, State of Illinois and President of the National Association of State Directors of Special Education, provided the initial leadership in devising a procedure for gathering the information needed for this report. Mr. Fisher recommended that the Task Force use the resources of the National Association of State Directors of Special Education (NASDSE).

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There comes a time in every endeavor when the success or failure of a project hinges on one person. For this project, that person was Beverly Osteen, Project Director of FORUM at NASDSE. In a few weeks, Ms. Osteen contacted all state educational agencies, received a 100% response, catalogued and organized the documents and materials, and forwarded them to the Task

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This report is the result of the efforts of many individuals, and the Task Force commends each of them for their contributions.

James C. Chalfant
January, 1985

FOREWORD:

THE PROBLEM OF IDENTIFICATION

Many school districts experience difficulty in the appropriate identification of students with specific learning disabilities. The undercounting of this population results in denial of service to learning disabled students. The overcounting results in inappropriate placement of students who are not learning disabled, a loss of valuable staff time, and increased expense. The objectives of this report are:

1. To identify persisting problems and issues in the area of assessing and identifying learning disabled students.
2. To report promising procedures and practices used by state and local educational agencies for identifying and serving the population in question.
3. To recommend that the reader consider certain factors in developing procedures for identifying learning disabled students.
4. To provide state educational agencies with a document that can be used as a foundation for planning any training or workshop packages which might facilitate the procedures for identifying and serving learning disabled students within the state.

Description of the Problem

During the past 15 years services for the learning disabled have increased dramatically in the United States. For example, in 1969 only 120,000 learning disabled students were reported to be enrolled in public schools, but by 1983 that number had risen to 1,745,865 students (Kirk &

Gallagher, 1983). This represents a phenomenal increase in the number of learning disabled students identified in the nation's schools.

There is a danger of making inaccurate conclusions by comparing the enrollment of learning disabled students over the past 15 years. In the late 1960s, learning disabilities was just beginning to gain prominence. Many states did not have learning disabilities programs. Teacher preparation programs and certification standards were lacking, and there were few learning disability services in the public schools. As certification requirements and university training programs increased, so did the number of learning disabled students who were identified as well as the number of programs offered in the public schools. A more accurate picture of the increase in enrollment is to compare the increase in enrollment during the last five or six years.

Table 1 shows a gradual decrease in the number of students receiving special education services in the areas of mental retardation and speech impairment. In contrast, enrollment in learning disabilities rose from 1,135,559 students (2.31%) in 1978-79 to 1,745,865 students (3.82%) by 1982-83.

The expanding number of learning disabled students placed in special education services continues to be a national problem. The original statute of Public Law 94-142 contained a proviso that a 2% cap be set on the number of students with specific learning disabilities who could be counted for allocation purposes under Part B, until procedures for evaluating learning disabilities were developed. While the regulations of Public Law 94-142 were being written, procedures for evaluating learning disabilities were developed. Hence, the final regulations did not include the 2% cap, so it was never implemented. Many administrators, however, still view the cap as a viable way to reduce the number of students being identified as learning disabled.

TABLE 1

Handicapped children receiving special education and related services under P.L. 94-142 and P.L. 89-313

	1978-79		1980-81		1982-83	
	Total	% of Population	Total	% of Population	Total	% of Population
Speech Impaired	1,216,165	2.47	1,170,484	2.43	1,134,164	2.45
Mentally Retarded	917,880	1.87	844,180	1.75	780,829	1.71
Learning Disabled	1,135,559	2.31	1,468,014	3.03	1,745,865	3.82

Source: U.S. Department of Education, Reports of Handicapped Children Receiving Special Education and Related Services under P.L. 94-142 and P.L. 89-313.

There continues to be a backlash against learning disabilities because of the high prevalence of students who are being identified. In some cases, educational agencies have gone too far in changing their eligibility criteria by adopting criteria so stringent that many students with learning disabilities who need special education will not be receiving it.

This paper presents the reasons for misidentification, and reports practices from state guidelines and local educational agencies which are being used to reduce the number of students who are inappropriately identified without eliminating students who are truly learning disabled and need special education services.

Factors Contributing to Misidentification

The overinclusion or exclusion of students as learning disabled has been attributed to a number of factors.

First, the term learning disabilities represents many different kinds of problems. The characteristics of one learning disabled child may be quite different from the characteristics of other learning disabled children. For example, children with academic disabilities may have problems in reading, writing, arithmetic, spelling, etc. Children with developmental learning disabilities may have problems in attention, perception, memory, concept formation, problem solving, oral language, etc. Because these problems occur in different combinations and in different degrees of severity, the identification of students with learning disabilities can be very difficult.

Second, the difficulty in accurately describing and defining these children has made it difficult to formulate a valid criteria for determining eligibility for special education services for the learning disabled.

Third, state and local educational agencies have experienced great difficulty in trying to formulate criteria for determining at what point a learning disability presents a handicapping condition (Chalfant & King, 1976).

Fourth, schools which: a) do not provide a support system to borderline students who are ineligible for special education services, or b) do not have a system for assisting classroom teachers cope with these problems in the classroom, often classify slow learners, mildly mentally retarded, conduct and behavior problems, culturally deprived, and underachievers as learning disabled. The lack of concrete criteria for identifying learning disabilities contributes to this problem.

Fifth, a student may be learning disabled and still may not be eligible for special education services depending upon the degree of severity of the disability, how well the student is coping in school, and the kinds of eligibility criteria which are used.

Sixth, Shepard and Smith (1981) suggest that many standardized tests used in the assessment of learning disabled students reflect problems in validity and reliability. The results obtained from these instruments are not always properly interpreted in light of the limitations of these instruments resulting in overinclusion or exclusion of students as learning disabled.

Seventh, the decision making process used by many multidisciplinary terms is often impaired because team leaders and team members have not been trained to function effectively in group decision making activities. The research of Ysseldyke and Thurlow (1983) have described some of the decision making problems of multidisciplinary teams.

Eighth, parental pressures may cause multidisciplinary teams to classify a student as learning disabled since the term "learning disabilities" provides a less stigmatizing label than mental retardation or emotionally disturbed.

Ninth, procedures for moving a student from special education services back to the regular classroom or dismissing the student entirely are often poorly defined. For this reason many learning disabled students who are placed in a particular program may remain in that program longer than is necessary.

The end result of these problems is that students who are learning disabled may not be identified or receive the special education services they need, while other students, who are not learning disabled, are often identified and placed in services which are not appropriate for their needs (Shepard & Smith, 1981). State educational agencies find themselves in the position of trying to help local educational agencies overcome these problems.

Establishment of the National Task Force

A National Task Force was established to enhance state and local efforts in the appropriate referral, assessment, and identification of learning disabled students. The Task Force was initiated by the Office of Special Education Programs, United States Department of Education, and facilitated by the Northeast Regional Resource Center located at Trinity College in Burlington, Vermont. The sequence of activities of the Task Force for developing this report is outlined as follows:

February 22, 1984

The members of the Task Force met with the Regional Resource Centers Section, Office of Special Education Programs, United States Department of Education. The mission and the objectives of the Task Force were established and a general plan of action was developed.

February 29, 1984

The National Association of State Directors of Special Education was contacted and their assistance was requested for gathering information from state and local educational agencies. Ms. Beverly Osteen provided leadership in formulating the data gathering process.

March 15, 1984

Dr. James C. Chalfant met with Mr. Joseph Fisher, President of the National Association of State Directors of Special Education (NASDSE) in Springfield, Illinois to discuss the mission of the Task Force and to request assistance from NASDSE in a national search for information from state and local educational agencies.

April 1, 1984

A meeting was held with the Board of Directors of NASDSE in Alexandria, Virginia, to present the Task Force's objectives and plan of action and to clarify any questions the Board of Directors might raise. Dr. James R. Galloway, Executive Director; Dr. William Schipper, Associate Director; Mr. Joseph Fisher, President; and members of the NASDSE Board of Directors gave their support to the project.

May 1, 1984

The information and data from the 50 State Educational Agencies and the District of Columbia were gathered during April 1984 and forwarded to Dr. Chalfant on May 1st. The information received included:

1. Copies of State Rules and Regulations concerning learning disabilities.
2. State Educational Agency (SEA) guidelines for serving the learning disabled.
3. Information on SEA [illegible]ase.
4. A list of local educational agencies which were identified by their state as having noteworthy practices.
5. A list of state and local contact persons.

May 5, 1984

Analysis of data and information from the State Educational Agencies was begun.

May 10, 1984

Dr. Chalfant forwarded letters to 97 local educational agencies requesting information about their practices in identifying, assessing, and serving learning disabled students.

June 26, 1984

The first draft of this report was submitted to the Northeast Regional Resource Center and Office of Special Education Services.

July 1, 1984

Copies of the report were forwarded to Task Force Committee members for review.

July 16-17

A meeting of the Task Force was convened in Washington to discuss the report. Suggestions for modifications, additions, and deletions were made.

August 15-October 15, 1984

The report was revised and forwarded to the Northeast Regional Resource Center and the Office of Special Education programs in Washington, D.C.

Implications

The practices and procedures summarized in this report reflect the current thinking and directions of educational leaders in the schools about identifying and serving the learning disabled population. The approaches presented here do not represent definitive solutions to the problem of identification, but these approaches do represent promising directions for developing more adequate identification practices.

By using a combination of the promising procedures and practices presently in use, local educational agencies will be able to:

1. Improve the screening, referral, and evaluation processes as a step toward increasing the accuracy for determining eligibility for special education services.
2. Reduce special education costs for conducting inappropriate individualized examinations and multidisciplinary meetings.
3. Increase special education staff time for working with the handicapped populations.

We hope that this report will assist state and local educational agencies increase the quality and quantity of special education services for those students who truly need special help.

Perhaps the greatest implication of this report is the need to redefine and clarify the roles of regular education and special education personnel with respect to helping students with learning and/or behavior problems. It is unfortunate that educators must establish such rigorous and complex procedures to determine whether or not a student is "eligible" to receive needed help from specific personnel on a school staff. It is not surprising that there is an excessive number of referrals to special education by classroom teachers when: a) many school districts find nearly 25% of the school population seem to be having some kind of learning and behavior problems in school; and b) special education is the most if not the only viable alternative for special help.

After reading this report, the reader is drawn to two conclusions. First, the entire concept of "eligibility" for receiving special help of any kind needs to be reviewed. Second, there is great need for regular education to develop special help alternatives for any student who may need it. Although this report addresses the identification of learning disabled students, this is only a small part of a much larger problem which exists in the nation's schools.

SECTION ONE

A SUMMARY OF IDENTIFICATION PRACTICES

CHAPTER ONE

PROMISING PRACTICES AND PROCEDURES: A SUMMARY

This report presents a review of the promising practices and procedures currently being used to identify learning disabled students in the nation's schools. Guidelines from 50 state educational agencies, the District of Columbia, and 52 local educational agencies were analyzed to identify these practices and procedures.

The results of this survey, therefore, represent the current thinking and directions of educational leaders in both state and local educational agencies who have the responsibility for identifying students with specific learning disabilities. It is important for the reader to understand that the practices and procedures which are included do not represent definitive solutions to the problem of identification. They do, however, represent promising directions for developing more adequate identification procedures for our schools.

This chapter serves two purposes: first, to summarize those practices and procedures currently being used to identify learning disabled students; and second, to assist the reader in selecting specific content areas of special interest. After reading this chapter, the reader can obtain more detailed information about specific practices or procedures by reading the chapters in which the practices or procedures are discussed. There are four ways state educational agency personnel can use the information contained in this report:

1. Compare the assessment and identification procedures in your state guidelines with the practices and procedures used in other states.

In some cases the contents of this report will confirm many of the practices and procedures which already are included in your state guidelines.

2. Identify promising practices and procedures which might be added to your state guidelines or used to modify or expand existing practices.
3. Conduct experimental field testing of the states' decision making guidelines for identifying learning disabled students. Several states have labeled their guidelines "Experimental Edition", and are in the process of evaluating the effectiveness of their procedures. A cooperative arrangement between state, local educational agencies, and university personnel can be very effective in organizing an evaluation plan. An experimental approach to the problem of identification is critical if we are to develop more technically adequate decision making procedures.
4. Utilize selected practices and procedures in this report as a guide for developing training and workshop packages. In-service training is needed to: a) better prepare personnel in local educational agencies; b) implement the practices and procedures recommended in the guidelines; and c) acquaint higher education institutions with the skills and competencies which might be included in the pre-service training of both regular and special educational teachers.

The summary of practices and procedures in this chapter are organized as follows: a) terminology and definition; b) determining eligibility; c) regular education pre-referral activities; d) identifying high risk students; e) team decision making; and f) transitioning and exiting procedures.

Terminology and Definition

Prevalence data reported by state and federal agencies indicate that many students are being inappropriately classified as learning disabled. Part of the problem is lack of clarity in defining the learning disabled population. Despite the confusion which has existed over the terminology and definition of learning disabilities, the guidelines of state educational agencies seem to be coming to a consensus on those issues.

The academic community has debated and written about the differences in definition for nearly 25 years. A federal definition of learning disabilities has been proposed, but the emphasis on academic failure in the federal rules and regulations has further complicated the identification of these students. It is time for the practitioners in the schools to be heard. This might be done as follows:

First, state educational agencies might establish task forces to examine criteria which are being used by local educational agencies to identify learning disabled students and to review any practices which may not be in general use at this time.

Second, agree on terminology. At present, five terms are being used to describe the learning disabled population in state guidelines.

a) Learning disabilities

b) Learning disabled

c) Specific learning disabilities

d) Perceptually impaired

e) Perceptual communication disorders

Two states, Massachusetts and North Dakota, offer non-categorical programs. Their state guidelines neither refer to nor define the learning disabled as a specific category.

Third, select the components of learning disabilities upon which identification is to be based. An analysis of all definitions used by state educational agencies revealed five component parts.

a) Failure to achieve component

b) Psychological process component

c) Exclusionary component

d) Etiological component

e) Significant discrepancy component

State definitions included either two, three, four, or all five of these components. The component parts of a definition of learning disabilities are important because they represent the behavior or conditions which should be studied or assessed in identifying learning disabled students.

Fourth, select or formulate a definition which consists of the component parts to be used in identifying learning disabled students. In reviewing state guidelines:

a) The federal definition is used by 22 states and the District of Columbia.

b) Fourteen states modified the federal definition in some way.

c) One state supplemented the federal definition with the definition of the National Joint Committee on Learning Disabilities.

d) Eleven states wrote their own definitions. See Chapter Three and Appendix A.

Fifth, field test the new criteria and definition. After the field testing phase, adjustments in definition or criteria can be made. State agencies then can include the revised definition and criteria in their guidelines.

This approach will result in each state developing its own modified definition. This is already occurring in some states. If new, practical, field-oriented approaches are taken to the problem of definition and then field tested, it may be possible to break through the conceptual barrier that has plagued the field for so many years. The more states take a fresh look at the problem, the greater the probability of generating more effective definitions and criteria.

States should be encouraged to try different approaches to these problems through federal funding and through any technical assistance which might be needed. By assisting states in their efforts to operationalize the definition of learning disabilities, the Office of Special Education Services may be able to stimulate the resolution of this problem.

Determining Eligibility

Learning disabilities cannot be identified by any one criterion alone such as: a) a list of behavioral characteristics; b) a test score(s); c) evidence about a possible dysfunction in a psychological process; d) the inability to identify other reasons for a student's failure in school; e) identification of an etiological factor; or f) a discrepancy between capacity or achievement. By using all of these factors, however, the probability of accurately identifying learning disabled students will be increased. See Chapter Two.

The guidelines of both state and local educational agencies include the use of multiple criteria, but the number and type of these criteria differ from state to state. Some state and local educational agencies have developed comprehensive guidelines which reflect the current status of knowledge. The guidelines from other state and educational agencies often include an extensive treatment of one or two criteria for identification, and fail to include other criteria, or simply mention them briefly leaving it up to the local educational agencies to develop the practical details necessary for using the criteria. There is need to improve the procedures which are used to measure each identification criteria.

The Psychological Process Criterion

By omitting the psychological process criterion, the regulations of the Federal Register redefine learning disabilities as "academic failure." Eighteen state educational agencies, however, discuss a disorder in one or more psychological processes as an indicator for determining eligibility. See Chapter Three. Three major approaches are being used:

1. Observing and recording behavioral symptoms.
    a) Descriptive lists of behavioral characteristics.
    b) Categorical guidelines for process disorders.
    c) Task-process observation checklists.
2. Informal task-process assessment.
3. Standardized tests.
    a) Subtest analysis of intelligence test performance.
    b) Specialized ability tests.

If disorders in psychological processes are to be used as criteria for identification, there is need to refine these procedures. To do this, it is recommended that the following steps be considered.

1. Classroom behaviors which are symptomatic of process disorders should be carefully described.
2. Because there are many psychological process terms in the literature, it is important for guidelines to present a conceptual organization of process terms which are defined.

3. Provide teachers with a checklist which integrates academic tasks, psychological processes associated with each task, and accompanying behavioral characteristics.
4. Teachers should be trained to conduct informal tasks process assessment by:
    a) Selecting specific academic tasks.
    b) Assessing contributing factors which might be contributing to failure, such as: instructional; cultural; or environmental factors; sensory impairment; intellectual impairment; physical or health problems; or social or emotional maladjustment.
    c) Breaking academic tasks down into sub-tasks.
    d) Determining which psychological processes or developmental abilities are involved in a task.
    e) Conducting informal assessment of the processes believed to be most critically involved in the task of concern.
    f) Comparing which process tasks the student was able to perform and which process tasks were difficult (Kirk & Chalfant, 1984).
5. Psychologists can include a qualitative analysis of sub-test data obtained from intelligence tests to derive a pattern of strengths and weaknesses of the psychological processes.
6. Specialized ability tests can be used, if the test results are validated by observing the student's performance in the classroom on tasks which require the processes measured on the tests. An analysis of the classroom tasks a student fails and the tasks with which he or she is successful should be consistent with the special

ability test results. The results of all psychological tests should be used with caution.

7. Care must be taken to assure non-biased assessment for the culturally or linguistically different student. This can be done by using measures of adaptive behavior, criterion-referenced tests, or teacher-made tests suitable for the individual student.
8. It is critical that more technically adequate procedures be developed in this area. Rather than ignoring the process problem, efforts should be taken to explore and develop procedures for identifying process disorders.

The Exclusionary Criteria

The guidelines of 48 state educational agencies and the District of Columbia include exclusionary factors as a component in determining eligibility. See Chapter Four. Guidelines for visual and hearing impairments, mental retardation, motor and health impairments are usually clearly defined. More precision is needed in defining the exclusionary criteria for slow learners, social and emotional maladjusted, and cultural, environmental and economic factors. Guidelines also need to provide more direction toward recognizing multiply handicapped students who have one of the exclusionary problems, such as visual impairment occurring in combination with a learning disability.

The Discrepancy Criteria

The overidentification of underachievers helps explain why state and local educational agencies are urgently trying to find ways to document a discrepancy between achievement and potential. In Chapter Five, four approaches are described which are used to identify students with discrepancies between achievement and potential:

a) The grade level discrepancy methods using constant deviation are easily administered but overidentify slow learners and underidentify students with high IQs.

b) Achievement level expectancy formulas identify severe discrepancies but are dependent on questionable scores from intelligence tests. These formulas fail to account for the number of years a student attended school and rely on an arbitrary severity level.

c) Standard score discrepancy models answer the statistical criticism of expectancy formulas, but fail to account for the regression of IQ on achievement.

d) Regression models take into account the phenomenon of regression toward the mean, but there are a number of concerns about the use of regressive analysis. Advocates of regression analysis take issue with these concerns. These points of view are presented in Chapter Five, The Discrepancy Criterion.

There are six recommendations which should be considered in selecting a method for determining an achievement-potential discrepancy:

1. The use of standard scores should be employed when establishing a severe discrepancy level from standardized test measures.
2. When using standardized tests for comparison, the phenomenon of regression should be taken into account. For this procedure, only tests with high reliabilities should be used.
3. When using standardized measures, attention should be paid to the comparability of the school population with the norming sample.

4. Informal assessment procedures can represent an adequate and appropriate method of establishing a severe discrepancy. In the case of very young children or bilingual or bicultural children, informal assessment represents the only adequate method of establishing this criterion of eligibility.
5. The presence of a severe discrepancy between potential and achievement is only one of a number of criteria that should be used to establish eligibility for learning disability services.
6. Assessment and placement considerations for learning disabled children should be primarily an educational, not a psychometric, enterprise. Placement decisions should be based on assessments that are relevant to instruction.

The Etiological Criteria

The role of etiological criteria in identifying learning disabled students is minimal. Only in severe cases is it sometimes possible for the medical profession to document etiology. In severe cases this kind of documentation is not really needed, because the student's other symptoms also are severe and easily recognized. Etiology sometimes provides an indication of the future prognosis for a student. For example, a student with brain damage may not be expected to respond as rapidly or progress as much as a student who has no demonstratable organic problems. See Chapter Six.

Regular Education: Pre-Referral Activities

Regular education must become more involved in pre-referral activities. In many schools special education personnel are taking leadership responsibility for developing pre-referral activities such as encouraging individual teachers to attempt classroom interventions before referring, or establishing and serving on pre-referral building level teams. See Chapter Seven. As an initial approach, this strategy is a mistake and is the reason why so many efforts sponsored by special education have received luke-warm receptions or outright resistance. The leadership for preassessment activities must come from the line authority in the school district beginning with the superintendent and progressing down the line to the building principals, who are the instructional leaders in a school.

Recommendations for developing pre-referral activities within a school district include:

Obtaining Support

The director of special educators in the local educational agency should present a plan for pre-referral activities to the superintendent of schools, who either provides the leadership or appoints a designee in the line authority chain. The superintendent or an assistant superintendent should take the leadership in guiding the plan through the district's decision making process. When the pre-referral plan is accepted, the building principals will have been delegated the responsibility for insuring that the plan is implemented and maintained.

The Regular Classroom Teacher

The regular classroom teacher is the key person in any pre-referral plan. There are three approaches which may be taken within the regular classroom setting.

1. Initial teacher intervention. In many cases, the classroom teacher is able to find alternative learning situations or instructional methods to help students progress through the curriculum. Since

classroom teachers are being given more responsibility for dealing with mildly handicapped and delayed students in their classrooms, they should be taught the skills to do this task. Both pre-service and in-service training should emphasize:

a) Characteristics of learning and behavior problems;
b) Principles of behavior and classroom management;
c) Task analysis techniques;
d) Informal assessment procedures;
e) Strategies for individualizing instruction;
f) Methods for measuring student progress.

2. The teacher consultant model. Classroom teachers are sometimes supported by a consulting teacher who provides consultation to teachers rather than providing direct instruction to students. This service requires the teacher consultant to be experienced and knowledgeable in curriculum, special education techniques, diplomacy, and the dynamics of the consultative process.
3. The team teaching model. Some schools organize teams of teachers who have the common responsibility for coordinating instructional planning and providing instruction for a specific group of students.

Although these three approaches are useful support systems for regular classroom teachers, there is a limit as to how much regular classroom teachers can be expected to accomplish within the regular classroom setting. The chief advantage of these three approaches is that teachers attempt to cope with learning and behavior problems in the regular classroom before making any kind of request for assistance or referral at the building level.

It is recommended that a) specific skill areas for individualizing instruction be identified; b) institutions of higher education teach these skills in teacher education programs; and c) in-service training activities be initiated to update teachers in the local educational agencies.

Teacher Support Teams

The guidelines of 16 states discuss the use of some kind of building based teacher support teams. See Chapter Seven. These teams are teacher focused rather than student focused and can be used to:

1. Clarify the nature of learning and behavior problems.
2. Generate instructional alternatives for the classroom.
3. Monitor the implementation of the recommendations.
4. Refer students for individual testing.

A teacher support team provides a mechanism within the building which enables teachers to share their ideas, knowledge, and skills in dealing with a large variety of learning and behavior problems.

Such teams may be composed entirely of regular classroom teachers or consist of both regular classroom and special education teachers. Team membership should be based on the major purpose and activities of the team.

In establishing a building based team, it is necessary to determine:

1. The pre-referral activities which need to be accomplished before a student is brought to the attention of special education.
2. The specific objectives of a building's teacher support team.
3. The relationship of regular education and special education at the pre-referral level.
4. The kinds of personnel which should be placed on the team at a pre-referral level.
5. The person who will provide the leadership and supervise the development and operation of the team.

6. How to provide in-service training for participating more effectively or leading a problem solving team.

Teachers participating on decision making teams need training in group dynamics and communication skills. Training is needed in how to conduct problem solving meetings and in how team members can support the group process as a participant or leader.

Identifying High Risk Students

All state and local educational agencies have written policies and procedures for identifying students who are in need of some kind of special assistance. See Chapter Eight. These identification procedures are intended to distinguish between students who should receive assistance in the regular classroom setting, and those who need to be referred for individual evaluation to determine if they should receive special education services. The following components of an identification system are recommended:

1. The system for identifying high risk students should be a comprehensive one which includes preschool children, elementary, junior high school, and senior high school students.
2. During the initial stages of identification, no attempt to label a student should be made. The only judgement to be made is whether the student's behavior is high risk, suspect, or reflects a high possibility for school failure.
3. Screening examinations should be given to all students at specified intervals and to all new students entering school.
4. Teachers need to be trained in communication skills so they can deal more effectively with parents and guardians during conferences.

5. Local educational agencies should develop working relationships with community agencies, and include radio, television, day centers, nurseries, and medical facilities in supplementing the identification process.
6. Many referral forms are too extensive in the information they require. The paperwork itself often delays a teacher making a referral. Referral form content should be reviewed. If "a need to know" criterion is applied to referral forms, the information needed for the referral can probably be reduced in content and streamlined.
7. Referrals should be reviewed to determine if they should be forwarded for evaluation. This review can be done by a principal, a team of regular education personnel on a teacher assistance team, or a joint special education or regular education review committee.

Team Decision Making

Multidisciplinary teams can improve the decision making process by improving team organization and communication skills. See Chapter Nine. Ysseldyke and Thurlow's (1983) report pointed out many of the problems found in the group decision making process. This section includes recommendations for: a) improving the team decision making process; b) organizing multidisciplinary teams, and c) transitioning and exiting decisions.

Improving Team Decision Making

There are six recommendations for improving team decision making. These are outlined below:

1. Validating Referrals. Before a student is referred for testing, every effort should be made to address the student's educational problem in

the regular school program. Each building should have a sequence of alternatives which can be provided to the teacher and student before a referral is made. The team should determine whether or not these alternatives have been applied or should be applied before forwarding the referral to special education.

2. Developing an Assessment Plan. It is possible to improve the efficiency and effectiveness in testing by developing an assessment plan. Such a plan would: a) include assessment questions which need to be answered about the student's academic, physical, intellectual, and social-emotional status; b) present procedures for finding answers to these questions; and c) identify who is responsible for answering each question.

3. Integrating and Interpreting Findings. It is recommended that each staff member prepare a brief summary of his or her conclusions prior to the meeting. By reading the summaries before the meeting, the team's time can be spent in decision making rather than information sharing.

4. Diagnostic Teaching. Use diagnostic teaching as a procedure for making decisions about students. Diagnostic teaching can supplement traditional testing or placement procedures. For example, if a student's problem is difficult to diagnose, rather than place the student in a program, use diagnostic teaching to:

a) Learn how a student learns or fails to learn.
b) Explore the appropriateness of different remedial methods, materials, and learning environments.
c) Investigate the student's social interaction behavior.
d) Evaluate the student's progress under different conditions.

5. Determining Eligibility. Multidisciplinary teams should be trained to focus eligibility discussions directly upon the criteria used to identify

learning disabilities. A checklist format for the meeting may be used to help team members keep on task.

6. Writing the Individualized Plan. In the absence of alternative services for students who do not qualify for special education services, multidisciplinary teams often try to serve these students by declaring them learning disabled. There is no question that these students need help, but during the preparation of the IEP, the multidisciplinary team must insure that inappropriate individualized plans and placements are not made. Students who are ineligible for special education must be placed in alternative programs provided by regular education.

Considerations in Organizing a Multidisciplinary Team

There is flexibility in both federal and state guidelines concerning the organization of a multidisciplinary team.

1. Team members should be selected in a manner which addresses the assessment problems of a student and avoids the unnecessary participation of professionals who are not directly involved in the assessment process.

2. Team meetings should be scheduled with the aid of an agenda with projected time lines. Structuring the team's activities helps the team stay on task and provides a way to monitor team progress. Many team leaders and team members need training to improve the efficiency and effectiveness of their meetings.

3. The quality of decisions made by multidisciplinary teams is influenced by the interpersonal dynamics that occur within the group. Training in group dynamics and communication skills would enhance team efforts.

4. Teams must be trained in techniques for achieving a group consensus in as brief a time as possible.

5. Team leaders need to know how to develop the four characteristics of effective teams: a) safety; b) something to contribute; c) something in it for the team members; and d) someone cares. Teams with these characteristics will have more input, more cooperation, less competition between members, fewer personality or clique clashes, and more genuine group decision making.

6. Team members need to be trained in communication skills including: a) listening, observing, and interpreting; b) controlling emotional and attitudinal responses and maintaining an objective professional mind set; c) thinking before speaking; and d) deciding how to communicate most effectively.

Transitioning and Exiting Procedures

The area of decision making which probably receives less attention than other areas is transitioning and exiting. See Chapter Ten. The first recommendation is to develop alternative levels of services which range from regular classroom placement to residential placement. Most local educational agencies have different levels of services. Unfortunately, the criteria for placement in these levels of services, transitioning from one level to another, or exiting from special education services are not always clear and vary widely. Four strategies are recommended for improving transitioning and exiting criteria.

1. Write Placement Criteria for Each Level of Service. It is recommended that clear-cut criteria be written for placement in each level of service. This will help multidisciplinary teams determine whether a student should be:

a) Continued in his/her present placement;

b) Placed in an alternative special education service;

c) Given a reassessment;

d) Placed in a regular classroom.

2. Establish Procedures for Program Review and Evaluation. At least one IEP meeting to review and revise each student's program is required each year. Reevaluations are required every three years or more frequently if conditions warrant. Three criteria are frequently mentioned:

a) Whether the student has benefited or will continue to benefit from the present placement.

b) The nature of the student's academic, social, emotional, or physical needs.

c) The environmental expectations of both the present placement and the new placement.

3. Write Guidelines for Transitioning. Because of the diversity of students and the differences in teacher expectations for students, the decision to move a student from one special education placement level to another can be aided by asking questions such as:

a) Is the student returning to the next lower level of service able to cope with the curriculum demands at that level?

b) Has a group achievement battery been given the student to check on normative standings?

c) Are improvements in the student's learning behavior observable within the special education program?

d) Is there a specified transition time for mainstreaming the currently full-time learning disabled student into the regular class?

e) What are the criteria for graduation for the secondary learning disabled student?

f) Can the student succeed in the next lower level with reduced support from the learning disabilities teacher?

A student's readiness to be placed in a regular classroom also should include the following three considerations:

a) Assessment of the regular classroom. Can the existing instructional program accommodate the student without major changes?

b) Assessment of the student's skills and behavior. Does the student have the ability to cope with the behavior demands and curriculum requirements?

c) Assessment of the progress reports from both the special education teacher and the classroom teacher. Do the reports reflect progress on IEP goals and objectives?

4. Write Guidelines for Exiting. It is recommended that the criteria for exiting or dismissal from special education should consist of the same variables that were considered in determining eligibility and placement. For example:

a) Is the student performing commensurate with his/her ability based on achievement test scores and classroom performance?

b) Is the student's performance in the regular classroom at the same level of performance as it is with the learning disabilities teacher?

c) Can the student succeed in a regular classroom without support from the learning disabilities teacher?

d) Is the receiving classroom teacher able to make any minor adjustments which may be necessary?

e) Is the staffing committee agreeable to issue a recommendation for dismissal?

f) Have the parents been involved in or informed of their due process rights?

g) Has the special programs administrator or his designee reviewed and approved the committee's recommendation for dismissal?

5. It is recommended that trial placements should be used to assess whether or not a particular placement is appropriate for a student.

6. Write Special Considerations for Secondary Students. It is recommended that special consideration be given to secondary level students who have been enrolled in special education programs for a significant proportion of their school careers. Dismissal from special education services should be done only after their study skills for coping in a secondary classroom are adequate. A dismissal decision at the secondary level should closely consider the impact of graduation requirements, since all standard diploma requirements become effective when the student is returned to regular education.

Concluding Remarks

The guidelines of state educational agencies currently address most of the issues raised by the practices and procedures summarized in this chapter. The guidelines of many local educational agencies, however, fail to address these issues in sufficient detail. Two things need to be done.

1. At the state level, efforts need to be made to review and refine many of the practices and procedures which are already in

operation. A number of states are in the process of doing this with experimental programs.

2. At the local educational agency level, guidelines must be more clearly delineated. There are noteworthy school districts that have supplemented and improved state guidelines with innovative and detailed procedures. Yet other local educational agencies are not using many existing practices which are known to be effective in identifying learning disabled students.

All states recognize the need to provide comprehensive guidelines, in-service training, and technical assistance to local educational agencies. All states have technical assistance delivery systems in place to aid local educational agencies. It is hoped that the recommendations in this report will be of use to state educational agencies in their efforts to: a) clarify the roles and responsibilities of both regular and special education in serving all students who have difficulty coping or succeeding in school; b) make continual improvements in the procedures used for accurately identifying learning disabled students in their schools; and c) provide directions for both in-service and pre-service training efforts.

SECTION TWO

DETERMINING ELIGIBILITY

CHAPTER TWO

TERMINOLOGY AND DEFINITION

In order to provide special educational services to students with specific learning disabilities, it is necessary to describe and define the population in question and establish guidelines for determining eligibility and placement. Forty-eight states and the District of Columbia have developed guidelines for determining the eligibility and placement of learning disabled students. Two states are serving children with learning and behavior problems through non-categorical programs. This chapter reviews terminology and definitions of learning disabilities used by state educational agencies, and discusses how definition and terminology have influenced the procedures which have been and are being used for determining eligibility and placement.

Terminology

The first national attempt to provide a common term and definition in the area of learning disabilities was reported by Clements (1966) in the National Institute of Neurological and Blindness task force report entitled Minimal Brain Dysfunction in Children. Since that time, the literature has reflected over 50 terms to describe learning disabled students. In reviewing the 1984 state guidelines for identifying the learning disabled, 47 states and the District of Columbia use five terms to currently label the population in question. These are:

1. Learning disabilities
2. Learning disabled
3. Specific learning disabilities
4. Perceptually impaired
5. Perceptual communicative disorders

Two states offer non-categorical programs and did not refer to or define the learning disabled population as a specific category.

Definitions

The definition of learning disabilities has been a source of disagreement for many years. In 1973, for example, 38 different definitions were reported by Vaughn and Hodges (1973). Considerable differences in state definitions were reported in 42 state educational agencies by Mercer, Forgnone, and Wolking (1976). Although state definitions differ, the component parts of these definitions are quite similar from state to state. State definitions seem to be converging in focus and content. Appendix A lists whether a state uses the federal definition, modification of the federal definition, originated their own definition, uses the National Joint Committee definition, or takes a non-categorical approach.

The Federal Definition

A review of State Educational Agency guidelines for 1984 found a total of 36 states and the District of Columbia using the federal definition of learning disabilities included in Public Law 94-142, the Education for All Handicapped Children Act of 1975, which reads:

> The term "children with specific learning disabilities" means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Twenty-three states and the District of Columbia use verbatim the federal definition. Thirteen states made modifications of the federal definition, such as:

1. Adding symptoms or characteristics which describe the learning disabled.
2. Adding or using different terms for describing areas of academic failure.
3. Excluding any reference to possible causes or etiology of learning disabilities.
4. Including additional psychological processes.
5. Adding a statement about discrepancy between achievement and potential as part of the definition.
6. Adding, expanding, or using different terms for the exclusionary criteria.

The National Joint Committee Definition

Kentucky uses the definition of the National Joint Committee on Learning Disabilities to further explain or augment the use of the federal definition. This definition was written by the American Speech-Language-Hearing Association; the Association for Children and Adults with Learning Disabilities; the Council for Learning Disabilities; the Division for Children with Communication Disorders; the International Reading Association; and the Orton Society. This definition states:

> Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping

> conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences. (National Joint Committee for Learning Disabilities, 1981)

State Originated Definitions

Eleven states have developed their own definitions of learning disabilities. These are reproduced here to provide the reader with an idea of the directions definitional thinking has taken in these states. The definition written by each state includes those factors or components that each state believes are most critical for identifying the learning disabled population. While each definition makes a different emphasis, these definitions show many areas of conceptual agreement between states.

1. The assessment of a pupil suspected of having a specific learning disability requires the determination of a significant discrepancy between intellectual ability and achievement in one or more of the following academic areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, or mathematics reasoning. Further, the discrepancy must be determined to be directly related to a disorder in one of the basic psychological processes which include: attention, visual and auditory processing, sensory-motor skills, and cognitive abilities including association, conceptualization, and expression.

   Federal and state statutes require consideration of the following before eligibility can be established:

   - The discrepancy cannot be due to environment, cultural differences or economic disadvantages.
   - The discrepancy cannot be due primarily to mental retardation or emotional disturbance.
   - The discrepancy cannot be due primarily to visual, hearing, or motor handicaps.
   - The discrepancy cannot be corrected through other regular or categorical services offered within the regular instructional program.

   (California)

2. A perceptual or communicative disorder is indicated when there is a significant discrepancy between estimated intellectual potential and actual level of performance and is related to basic disorders in the learning processes which are not secondary to limited intellectual capacity, visual or auditory impairment, emotional disorders, and/or experiential information.

(Colorado)

3. Specific learning disability is a disorder in the ability to learn effectively in respect to one's own potential when presented with an appropriate regular instructional environment. The inability to learn effectively is manifested as a disorder in an individual's ability to receive, organize, or express information relevant to school functioning, and is demonstrated by a significant discrepancy between an individual's general intellectual functioning and achievement in one or more of the following areas: preacademic skills, oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, and mathematical reasoning. Learning disabilities do not include learning problems which are due primarily to vision, hearing, or motor impairments; mental retardation, emotional disturbance; environmental, cultural, or economic disadvantages; or a history of an inconsistent educational program.

(Kansas)

4. "Learning disability" is the inclusive term denoting the inability to learn efficiently in keeping with one's potential when presented with the instructional approaches of the regular curriculum. The inability to learn efficiently is manifested as a disorder in an individual's ability to receive, organize, or express information relevant to school functioning and is demonstrated as a severe discrepancy between an individual's general intellectual functioning and achievement in one or more of the following areas: school readiness skills, basic reading skills, reading comprehension, mathematical calculation, mathematical reasoning, written expression and listening comprehension. A learning disability is not primarily the result of sensory or physical impairments, mental disabilities, emotional disabilities, cultural difference, environmental disadvantage, or a history of an inconsistent educational program.

(Iowa)

5. ... to those children of any age who demonstrate a substantial deficiency in a particular aspect of academic achievement because of perceptual or perceptual-motor handicaps, regardless of etiology of other contributing factors. The term perceptual as is used here relates to those mental (neurological) processes through which the child acquired his basic alphabets of sounds and forms. The term perceptual handicap refers to inadequate ability in such areas as

the following: recognizing fine differences between auditory and visual discriminating features underlying the sounds used in speech and the orthographic forms used in reading; retaining and recalling those discriminated sounds and forms sequentially, both in short- and long-term memory; ordering the sounds and forms sequentially, both in sensory and motor acts ...; distinguishing figure-ground relationships ...; recognizing spatial and temporal orientations; obtaining closure ...; integrating intersensory information ...; relating what is perceived to specific motor functions. (Hobbs, 1975, p. 306)

The definition ends here, but to this could be added such things as an inadequate ability to conceptualize parts into meaningful wholes; the sometime presence of perseveration; the inability to refrain from reacting to unessential environmental stimuli; and the resulting immature or faulty self-concept or body image. Actually contained within this definition is a total program of teacher preparation as well as a total concept of service to children with such problems in the public schools.

It is immediately obvious that one is dealing with a complex developmental problem, not a problem of remediation. It is also obvious that students in colleges and universities are not being given the appropriate preservice experiences to meet the challenges of this definition nor of the children who present these characteristics. (Cruickshank, 1977, pp. 53-54)

(Minnesota)

6. A learning disabled child generally is one within the average or superior range of intelligence who exhibits one or more significant disorders in the essential learning processes which are manifested by reading, writing, spelling, or mathematical disabilities. These disorders are presumed to be due to central nervous system dysfunction. Even though a learning disability may occur with other exceptionalities or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction), the learning disability is not the direct result of those exceptionalities or influences.

(New Mexico)

7. Learning disabilities means one or more significant deficits in the essential learning processes of perception; conceptualization; language -- written or spoken, memory; and control of attention; impulse or motor function. These deficits may be demonstrated verbally or non-verbally. A discrepancy between expected and actual academic achievement is observable. These problems are not primarily the result of visual, hearing, or physical handicaps; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

(Nevada)

8. It is recognized that some children demonstrate learning disability characteristics and/or are not achieving commensurate with their potential. However, for special education purposes, a student classified as learning disabled is one who, after receiving instructional intervention in the regular education setting, has a substantial discrepancy between ability and achievement. The discrepancy is presumed intrinsic to the individual (e.g., cognitive processing disorders related to the acquisition, organization, retrieval or expression of information; generating, implementing, monitoring, and/or adapting effective problem solving behaviors in educational situations). The disability is manifested by substantial difficulties in the acquisition and use of listening, oral expression, written expression, reading, reasoning, and/or mathematics. A learning disability may occur concomitantly with, but is not the primary result of, other handicapping conditions and/or environmental, cultural, and/or economic influences.

(North Carolina)

9. A child who has a disorder in one or more of the basic learning processes which may manifest itself in significant difficulties in the acquisition and use of listening, speaking, reading, writing, spelling or performing mathematical calculations is considered to have a specific learning disability.

(Tennessee)

10. ... a specific learning disability of a perceptual, conceptual, or coordinative nature as identified by a severe discrepancy between a pupil's ability and his or her achievement in a basic skills area. The discrepancy shall be greater than 1.5 standard deviations below the expected achievement level for a given ability level, and shall not be primarily the result of a visual, hearing, or motor handicap; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage ...

(Vermont)

11. The handicapping condition of learning disabilities denotes severe and unique learning problems due to a disorder existing within the child which significantly interferes with the ability to acquire, organize or express information. These problems are manifested in school functioning in an impaired ability to read, write, spell or arithmetically reason or calculate.

(Wisconsin)

The Component Parts of Definitions

An analysis of all the definitions used by state educational agencies revealed that each definition usually included from two to five component parts such as:

1. Failure to achieve in academics or school related skills.
2. A disorder in one or more of the psychological processes.
3. Exclusionary factors.
4. Etiological factors.
5. A significant discrepancy between intellectual potential and achievement.

These five component parts of definitions are important because they are factors which states have tried to operationalize in their attempts to devise procedures for identifying learning disabled students.

The Failure to Achieve Component

Forty-six states and the District of Columbia included a reference to achievement failure in their definitions. The most frequent areas mentioned included:

1. Reading
2. Mathematics
3. Spelling
4. Written expression
5. Listening
6. Speaking
7. Reasoning
8. Thinking

The Psychological Process Component

A disorder in one or more of the basic psychological processes was included in the definitions used by 46 states and the District of Columbia. The psychological processes which were most frequently mentioned included:

1. Understanding and using spoken language
2. Attention, distractibility, impulsivity, hyperactivity
3. Memory
4. Perception
5. Concept formation
6. Association
7. Visual-motor component
8. Thinking or reasoning

The Exclusion Component

Forty-four states and the District of Columbia included a reference to a component which excludes children from being identified as learning disabled provided their learning problems are primarily the result of other kinds of handicaps, such as:

1. Visual impairment
2. Hearing impairment
3. Motor and/or orthopedic handicaps
4. Mental retardation
5. Emotional disturbance
6. Environmental, cultural, or economic disadvantage
7. Motivation
8. Extended absences
9. Inadequate instruction

The exclusion component does not mean that a child who is mentally retarded, for example, cannot also have an accompanying learning disability. This child would be multiply handicapped and require multiple services. The exclusion refers only to those children whose failure is primarily due to a handicap other than learning disability.

The Etiological Component

References to possible etiological factors which might cause learning disabilities are made in the definitions used by 31 states and the District of Columbia. Etiological factors typically included such terms as:

1. Central nervous system dysfunction
2. Brain injury
3. Minimal brain dysfunction
4. Perceptual handicaps
5. Developmental aphasia
6. Dyslexia

The Significant Discrepancy Component

The definitions of only 13 states made reference to a significant discrepancy between a student's intellectual potential and his or her level of academic achievement. Although 35 states and the District of Columbia did not address the discrepancy concept within the framework of the definition, the discrepancy component was included as an important part of the eligibility criteria of 47 states and the District of Columbia.

Summary

1. The creation of a federal definition of learning disabilities has had a tremendous impact on the terminology and definitions used in state guidelines:

    a) Forty-eight states and the District of Columbia define learning disabilities.

    b) Two states do not define the learning disabled population, but serve them through non-categorical programs.

c) Twenty-two states and the District of Columbia use the federal definition verbatim.

d) It is interesting that 26 state educational agencies believed it was necessary to either modify or supplement the federal definition or write their own definition.

    1) Fourteen states modified the federal definition in some way.

    2) One state supplemented the federal definition with the definition of the National Joint Committee.

    3) Eleven states wrote their own definitions.

2. An analysis of the federal definitions, the modified definitions, and the "original" definitions written by states revealed five major components which might be included in a definition of learning disability. These components are:

a) Failure to achieve component
b) Psychological process component
c) Exclusionary component
d) Significant discrepancy component
e) Etiological component

3. The federal definition's emphasis on academic failure and related skills has focused attention on the degree of academic failure, particularly as it is compared with intellectual potential. The concept of discrepancy between achievement and potential has been made a significant factor in the identification process.

4. Concern for academic failure may have contributed to the inclusion of thousands of underachieving, slow learning, poorly motivated, conduct disordered students in the category of specific learning

disabilities. Since those students typically fall further behind academically as they progress through school, their identification in secondary schools may be increased.

5. With 46 states including references to achievement failure in their definitions, it is easy to understand how states may fail to recognize gifted students who have a specific learning disability. Gifted students may not have academic failures, but might have a discrepancy between potential and achievement which may require either special education services or the use of special classroom strategies.

6. The definition of a learning disability should be made up of the component parts which are used to identify these students. This is why state educational agencies are modifying, supplementing, or writing their own definitions. There needs to be a match between the component parts of a definition and the practices being used to identify these students.

CHAPTER THREE

THE PSYCHOLOGICAL PROCESS CRITERION

The basic concept of learning disabilities is that disorders in the psychological processes contribute to poor academic achievement. The guidelines of 17 state educational agencies include psychological process disorders, developmental disabilities, or cognitive disorders as a criterion for determining eligibility for learning disabilities services. Although an 18th state does not require the evaluation team to document the presence of a processing disorder, the guidelines present a 14-page description of how to assess cognitive abilities, which includes sub-test patterns indicative of learning styles common to students with learning disabilities. The 17 states which include a psychological process criterion include:

Arkansas
Colorado
Connecticut
Florida
Hawaii
Idaho
Illinois
Michigan
Minnesota
Montana
New York
Ohio
Oklahoma
Utah
Vermont
Virginia
Washington

The dilemma of whether or not to use a psychological process disorder as a criterion is common among many state and local educational agencies. Although many educators believe that information about a student's strengths and weaknesses is useful in planning instruction, there are technical problems with documenting the existence of psychological process disorders.

Among the guidelines of these 17 states three basic approaches may be found for determining the possibility of a disorder in one or more of the psychological processes. These include: a) observing and recording behavioral symptoms,

b) informal task-process assessment, and c) standardized tests. This chapter will describe these three approaches and discuss their advantages and limitations.

Observing and Recording Behavioral Symtpoms

The guidelines of all 17 states included reference to the usefulness of observation for identifying possible disorders of psychological processes. The observations of diagnosticians, teachers, and parents may be documented by using: a) a descriptive list of the classroom behaviors of students with possible process disorders, b) a detailed categorical description of process disorders, or c) a task-process observation checklist.

Descriptive List of Behavioral Characteristics

Some educational agencies use a list of behavioral characteristics which they believe to be symptomatic of possible disorders in a psychological process. Lists of behavioral symptoms are usually accompanied by a general criteria for determining a posssible process disorder. For example, a student must exhibit two or more of these behaviors such as attention, distractibility, or memory problems at a greater rate than the student's peers in his environment. It is important to note that guidelines referring to a list of behaviors recommend that standardized tests be used to support teacher observations.

Categorical Guidelines for Process Disorders

A second approach is to develop categories of the psychological processes believed to be most closely related to performance in school. There seems to be widespread agreement about which psychological processes should be included. Although the categories varied slightly from state to state, most of the psychological processes mentioned were the same. The most frequently used process categories were:

1. Attentional Disabilities
    a) hyperactivity/impulsivity
    b) hypoactivity
    c) perserveration
    d) short attention span
2. Memory Disabilities
    a) short term and long term memory
    b) recognition and recall memory
    c) auditory, visual, and motor memory
    d) meaningful and rote memory
3. Perceptual Disabilities
    a) discrimination disabilities - visual, auditory, motor
    b) closure disabilities
    c) visual-motor disabilities
    d) perceptual speed
    e) sequencing
    f) perceptual modality disabilities
    g) perseveration
4. Oral Language Disabilities
    a) receptive language disabilities
    b) integrative language disabilities
    c) expressive language disabilities
    d) mixed receptive, integrative, and expressive disabilities

5. Thinking Disabilities

   a) conceptual or organizational disabilities

   b) problem solving disabilities

6. Related Social-Emotional Disorders of the Learning Disabled

Some states included a list of behavioral characteristics under each processing area. For example, behaviors listed under attention often include such things as:

- inability to attend to a specific task for required periods of time
- does impulsive uninhibited acts without thinking
- exhibits distractible behavior such as attending to dominant stimuli or abnormally fixating on unimportant details

Other guidelines address student behavior in each category as a question. For example:

- What kinds of inattentive behavior is present?
- What kinds of attentional demands are required for those tasks where attention is a problem?
- Does the inattentive behavior occur during specific situations or specific time periods?
- Is the inattentive behavior related to all learning tasks or is it task specific?

The question format not only directs the diagnostician or teacher to observe certain behaviors, but provides educators guidelines for thinking about and informally assessing the psychological process.

Task-Process Observation Checklist

The state educational agency in Minnesota has constructed a useful task-observation checklist for each of the seven areas of academic functioning outlined in P.L. 94-142. The academic tasks include: reading decoding, reading comprehension, listening comprehension, oral expression, written expression, math calculation, and math reasoning. See Appendix B for an example using a task-observation checklist.

1. The first column on the form identifies the tasks a student should be able to perform after instruction. This column also includes the psychological processes for each of the tasks involved in the content area. For example, in reading decoding it is expected that a student must be able to determine likenesses and differences between letters, and perform adequately in visual reception and visual conceptualization.
2. The second column in each content area identifies some behaviors that might suggest learning disabilities. For example, in reading decoding, reversing letters (b/d), confusing letters (n/m), or rotating letters (w/m) while attempting to determine likenesses and differences between letters are presented as possible indicators of a processing problem.
3. In the third section of the form the teacher checks whether or not the student displays these behaviors (not observed, observed occasionally, or observed often) when presented with appropriate materials.
4. In the last column a summary symbol is entered for each expected learning behavior.

○ Not observed
△ Observed occasionally
☐ Observed often

5. The summary symbols on the student's psychological processes are tallied on a process indicator tally sheet. Directions are given for finding a total score.

This approach integrates academic tasks, psychological processes associated with each task, accompanying behavioral characteristics, and the frequency with which the behaviors are observed. A format such as this is practical, easily understood, and something teachers can use.

Discussion

A procedure for helping diagnosticians, educators, and parents recognize the observable behaviors of learning disabilities is to provide them with guidelines for observable behaviors. This can be done with: a) a sample list of behaviors, or b) a categorical outline of processing disorders, which might include either behavioral descriptions or questions for investigation for each psychological process in the category.

These approaches help teachers and parents recognize those students whose problems might suggest a learning disability. Students who show these behaviors, however, may or may not have a learning disability.

When a student is suspected of having a disorder in one or more of the psychological processes, it is necessary to conduct a closer evaluation through more extensive informal assessment procedures or through standardized testing.

The observation of these behaviors is useful in validating the results of standardized tests by observing the student perform tasks which require the use of the process in question.

Informal Task-Process Assessment

Task-process analysis is used to determine the possibility of a psychological process disorder. Some reference to the value of informal assessment as a means of recognizing a possible disorder in a psychological process is included in the guidelines of 17 states. Procedures for informal assessment are not always presented in detail, but there are some common procedures which appear in state guidelines. These procedures have been assembled and organized into a six-step procedure in order to explain how the informal assessment of psychological processes might be accomplished.

1. Select the academic learning task with which the student is having difficulty. For example, reading numerals.

2. The diagnostician or teacher should informally assess the contributing factors such as instructional, cultural, or environmental factors, sensory impairment, intellectual impairment, physical or health problems, or social or emotional maladjustment, etc. For example, there are many obvious reasons why a student may not say the name of a numeral on sight.

3. If a possible psychological process disorder exists, break the academic task down into sub-tasks. For example:

    a) Look at the numeral "5".

    b) Say the numeral name "five".

4. Determine which psychological processes or developmental abilities are involved in the task. For example, in the first sub-task of looking at the numeral, the process demands include:

    a) Visual attention

    b) Visual discrimination

    c) Visual recognition memory

The second sub-task of saying the numeral name includes auditory recall memory of the numeral 5.

In teaching the student to say the number names, however, there are additional processes such as:

a) Auditory attention
b) Auditory discrimination
c) Auditory recognition memory
d) Auditory recall memory
e) Visual and auditory association

5. Conduct an informal differential diagnosis of the processes thought to be most critically involved in the task. The importance of a particular process varies with the task, so the initial assessment should be made on the most critical processes for that task. This can be done by devising small sub-tests for each process being assessed. For example, to assess the visual processes involved in reading numerals, the teacher can use informal procedures such as:

a) Visual attention: Observe whether or not the child is visually attending to the relevant stimuli during the assessment procedures.

b) Visual discrimination for numerals: Have the student match numerals or designs on number cards. Show the student a numeral 5 and then let the student match the numeral from an array of numerals or designs, such as 5, 3, 9, 6, 8, etc. Visual discrimination can also be assessed quickly by having the student match geometric designs.

c. Visual recognition memory: Present the student with sequences of numerals or designs on cards, remove them, and have the student rearrange the cards.

6. After informally assessing each process involved in the task, it may be possible to identify at which process task the student was successful and at which process task the student failed.

This kind of informal assessment requires individual work with a student and should be completed on several tasks. An understanding of tasks, processes, and informal assessment methods are required, therefore a teacher of learning disabled students usually performs this kind of informal assessment. The kinds of information obtained from a task-process assessment can be very useful in identifying possible process disorders as well as in confirming the results of standardized tests.

Standardized Tests

The guidelines of 17 state educational agencies address the use of standardized tests to diagnose disorders of the psychological process. There is unanimous agreement that a standardized test score should never be used as the sole indication of a process disorder. The guidelines of these seven states discuss standardized specific instruments.

Some states stress the importance of assessing the ways in which students process information and conducting a qualitative analysis of test data from standardized tests, but their guidelines do not recommend particular tests. There seem to be two general approaches to the standardized testing of basic psychological processes: a) an intra-test analysis of intelligence test performance, and b) administering tests for specialized abilities.

Analysis of Intelligence Test Performance

The results of individually administered intelligence tests are analyzed to determine whether or not a student is learning disabled. An individually administered intelligence test samples many different aspects of verbal and non-verbal mental functioning as well as providing a measure of general ability. An analysis and grouping of sub-test scores can give a clearer interpretation of intra-individual cognitive strengths and weaknesses, as well as provide a measure of general ability. Although five different procedures are cited in various states' guidelines (Bannatyne, 1971; Guilford, 1967; Kaufman, 1979; Sattler, 1974; Valett, 1965), each shares several important features. See Appendix C. First, each relies on recategorization of sub-test scores into units with headings such as verbal ability, perceptual-spatial-motor ability, and memory. Several include factors such as social awareness, ability to attend to task, or assessment of levels of information typically acquired through informal or formal teaching.

Second, after a student's sub-test scores have been regrouped, the sub-test data can be analyzed to derive a scatter pattern or clusters of strengths and weaknesses in the psychological processes. This procedure helps determine whether individual differences in cognitive abilities are apparent.

Specialized Ability Tests

Specialized abilities tests designed to assess psychological processes are often listed. The kinds of tests mentioned were in special areas such as:

1. Language functioning tests
2. Auditory discrimination tests
3. Auditory processing tests
4. Kinesthetic processing tests
5. Visual processing tests
6. Visual-motor integration tests

7. Motor tests
8. Memory tests
9. Learning aptitude tests
10. Listening comprehension tests

Much of the controversy concerned with the validity and reliability of standardized tests in the area of learning disabilities has for the most part centered around the use of specialized tests which are designed to assess or measure a specific psychological process or a group of psychological processes. Part of the problem with many tests of specialized abilities is that they are not related to a particular academic or school related task (with the exceptions of listening tests, comprehension tests, and language tests), and therefore many educators do not know how to relate the results of many specialized tests to day-to-day tasks and behavior in the classroom.

It should be mentioned that for young children, greater reliance should be placed on the developmental scales supported by observation of child behavior at home and at school. Anecdotal records and rating scales also are helpful.

Summary

1. Although the federal definition defines learning disabilities as "... a disorder in one or more of the psychological processes ...." (P.L. 94-142), the Federal Register regulation on procedures for evaluating learning disabilities omits any reference to documenting the presence of psychological processes as a possible means of determining eligibility. It is not surprising, therefore, that 34 state educational agencies and the District of Columbia do not include psychological processes as one of the criteria for determining eligibility.

2. There seem to be five reasons why many educational agencies have avoided the psychological processing disorder criterion:

a) A psychological process disorder is not as obvious nor as easily understood as academic failure.

b) It isn't possible to observe psychological processes directly. Only inferences about psychological processes can be made from observation.

c) At present there is a lack of reliable and valid instruments for assessing or measuring psychological processes.

d) There are differences of opinion as to whether or not knowledge of a psychological process disorder should alter the methods used in individualizing instruction for a learning disabled child.

e) There is no single theoretical base of information processing that has been adopted by the field. Several theoretical approaches are being used.

3. Omission of the psychological process disorder criteria redefines learning disability as "academic failure". The emphasis on academic failure has resulted in many students who are failing in school being identified as learning disabled when in fact they are not. Using a psychological process disorder criteria provides another avenue for differentiating the learning disabled from those students who are failing due to other reasons.

4. Although it isn't possible to observe psychological processes directly, it is possible, however, to observe certain behaviors from which inferences about the psychological processes can be made in relation to chronological age expectancy.

5. Seventeen states include disorders in one or more psychological processes as a criterion for determining eligibility. Although many states do not require that a process dysfunction be documented, their guidelines often discuss the advantages of conducting an informal clinical assessment of process functions for purposes of educational planning.

6. The 17 states attempting to implement a processing criteria are experimenting with three main approaches:

- a) Observing and recording behavioral symptoms.
  - 1) Descriptive lists of student behaviors.
  - 2) Categorical guidelines for process disorders.
  - 3) Task-process observation checklists.
- b) Informal task-process assessment.
- c) Standardized tests.
  - 1) Subtest analysis of intelligence test performance.
  - 2) Specialized ability tests.

7. It is not enough to diagnose a disability in a psychological process on the basis of one or two test scores. The presence of a process disability must be validated by having the student perform tasks which require use of the process in question. If a process disability exists, for example, a student who has difficulty recalling and repeating what he or she has heard can be expected to have difficulty remembering names, learning the multiplication tables by rote, or any task which requires auditory recall.

8. Discrepancies between psychological processes sometimes can be identified by comparing scores on tests which measure different kinds of mental abilities. Discrepancies between psychological processes are identified within the classroom through a task-process approach. Different tasks involve different kinds of psychological processes. An analysis of the

classroom tasks a child fails and the tasks at which he or she is successful often reveals which particular psychological process demands are associated with failed tasks and which processes are involved with successful tasks.

9. To assure a non-biased assessment for the culturally or linguistically different student, the multidisciplinary team should include measures of adaptive behavior, criterion-referenced tests, or teacher-made tests suitable for the individual student.

CHAPTER FOUR

THE EXCLUSIONARY CRITERIA

The multidisciplinary team must determine if a child's learning problems are caused by a learning disability or by other handicapping conditions. To be eligible for special education services because of a learning disability, the child's primary problem must be a specific learning disability. When a student's problems are primarily due to: a) visual or hearing impairment; b) motor or health impairment, mental retardation; c) slow learning; d) social/emotional maladjustment; or e) cultural, environmental or economic factors, the multidisciplinary team should judge eligibility for special education services in those handicapping areas. When a student has a learning disability and another accompanying handicapping condition, the student is multiply handicapped. Services should be provided in both handicapping areas.

Every state educational guideline discusses the exclusionary factors as part of a comprehensive assessment. This chapter will summarize the criteria reported in the guidelines of 48 states and the District of Columbia.

Visual Impairment

Students whose primary learning problem is due to a visual handicap should not be placed in learning disabled services. Students whose visual problems after correction (20/70 in the better eye) require special materials and modified or adapted instructional methods. These students should be provided services under the category of the visually impaired or provided an appropriate program through special education. Documentation is usually done through the school vision screening program and ophthalmologic and/or optometric examinations.

Hearing Impairment

Students whose primary learning problems are due to permanent or fluctuating hearing losses with or without amplification should not be placed in services for the learning disabled. Hearing disorders are detected by hearing screening programs and diagnosis by audiologists, octologists, and otolaryngologists. Students whose average loss within the speech range, 20 to 30 decibles in the better ear, may require changes in classroom environment or instructional strategies. This is important for students who have difficulty communicating with others and whose educational performance is being affected. Students who have temporary losses or high frequency losses above the speech range should not automatically be excluded from the possibility of having a learning disability, provided the other eligibility criteria are met.

Motor and Health Impairments

Students who have neurological dysfunctions such as paralysis, cerebral palsy, muscular dystrophy, or skeletal problems which interfere with motor performance may or may not have educational problems. If the primary disability is a motor handicap, the student should receive special education services for the physical disability and should not be classified as learning disabled. Students who meet eligibility criteria for learning disabilities and also have mild motor coordination problems or delayed maturational development are multiply handicapped and are eligible for learning disabilities services. Motor problems are usually identified through motor screening programs by the physical educational staff. Physical therapists, occupational therapists, physicians, and neurologists do more intensive examinations whenever needed.

Students whose learning problems are due to poor health such as malnutrition, allergies, low physical strength, epilepsy, etc., as determined by a physician, should not be identified as learning disabled if the health problem is the student's primary deficit.

Mental Retardation

Students whose primary disabilities are due to intellectual and adaptive functioning significantly below average should not be placed in learning disability services. Three characteristics are used to document mental retardation as a primary disability:

1. Subnormal intellectual ability ranging from 1.5 to 2 standard deviations below the mean on an individually administered intelligence test or an IQ of 80 or below.
2. Difficulty achieving academically as documented by academic achievement tests and consideration of the student's educational history which might have affected academic performance.
3. A deficit in adaptive behavior or the effectiveness or degree of personal independence, social responsibility expected of pupils of the same age and cultural group.

Scores on intelligence tests may be depressed by social or emotional problems, language disorders, cultural factors, physical problems, and other factors. The level of academic performance of the mentally retarded usually matches their level of intellectual ability.

Slow Learning Students

The group of students who are most frequently misclassified as learning disabled are the slow learning students whose intelligence quotient is in the low average range (70-85) and who are achieving close to that level. These students are not eligible for special education services because they do not fall within the range of the educable mentally retarded nor do they meet eligibility requirements for learning disabilities services. Multidisciplinary teams may misclassify slow learning students as learning disabled because: a) clear eligibility requirements have not been developed or applied, or b) the misclassification is deliberate in the absence of other school programs for students who are not achieving and are ineligible for special education services. The individualized remedial procedures used for learning disabled students are often viewed as being helpful to the slow learning students, which contributes to the misclassification problem. While these students may need special attention from regular education personnel, they should not be classified as learning disabled.

Social/Emotional Maladjustment

When a student's learning problems are caused by existing social and/or emotional problems, the student's primary disability should be described as social/emotional maladjustment. In contrast, when a student's learning problems seem to cause social and/or emotional problems, the primary handicap might be due to a specific learning disability. Only in severe cases is it possible to determine whether the primary problem is either a learning disability or social and/or emotional maladjustment. Differentiation between the cause and effect of these two areas is more difficult in the mild and moderate areas and with older students who have developed poor learning habits and/or social/emotional problems over the years. There are several strategies for excluding social and/or emotional maladjustment as a primary disability. These include:

1. Observing the student's interaction with peers, teachers, parents, and adults in both social and academic settings.
2. Completing a checklist of student behaviors.
3. Interviewing parents and teachers.
4. Conducting a comprehensive psychological evaluation whenever necessary.

Cultural, Environmental, and Economic Factors

Students who are having difficulty learning because of cultural differences, environmental factors, and economic hardship should not be classified as learning disabled unless they also have an accompanying learning disability.

Cultural differences typically refer to situations in which the family uses a language other than English, which affects the student's performance at school, or the student's previous schooling is greatly different from public education in the United States. Environmental differences refer to a student's home being substantially different from the home environment of most children, and represent deprivation, neglect, or trauma such as poor school attendance, divorce, death, foster parenting, drug abuse, and other factors. Economic hardship refers to disadvantaged families who require considerable financial aid from public or private agencies. Such problems are usually documented through interview techniques, social-behavior checklists, criterion-referenced tests, and the student's cumulative file. This information is gathered by teachers, counselors, social workers, administrators, and contacts with public agencies.

Although the overinclusion of minority groups has been a problem in special education, many children with cultural, environmental, or economic problems seem to be underrepresented in the area of learning disabilities. This may be due to the tendency of educators to attribute achievement difficulty to obvious cultural, environmental, or economic factors, rather than a less obvious learning difficulty.

Summary

1. The exclusionary criteria consist of visual and hearing impairments, motor and health impairments, mental retardation, slow learning, social-emotional maladjustment, or cultural, environmental or economic factors.

2. These problems may occur in combination with a learning disability. For example, a visually impaired student may have a disability in processing auditory information. Such a student is multiply handicapped.

3. The guidelines of 48 states and the District of Columbia include requirements concerning the assessment of these handicaps as an important part of any comprehensive evaluation. Although the specific criteria for the exclusionary factors vary from state to state, consideration of the exclusionary handicaps seems to be widely employed in the procedures for determining the eligibility of students for learning disabled services.

4. Guidelines are rather precise about the criteria for visual and hearing impairments, mental retardation, motor and health impairments.

5. Exclusionary criteria which are not clearly delineated in state guidelines include slow learners, social and emotional maladjustment, and cultural, environmental, and economic factors. Many students from these areas are inappropriately labeled learning disabled.

CHAPTER FIVE

THE DISCREPANCY CRITERION

One characteristic of the student with a specific learning disability is a severe discrepancy between current achievement and intellectual potential. The finding of a discrepancy between achievement and potential alone, however, does not identify a learning disabled student, since such a discrepancy also occurs among students whose underachievement is due to: a) frequent absences from school; b) frequent family relocations; c) negative attitudes toward school; d) little motivation; e) family problems in the home; or f) instructional discontinuity of any kind. Students with such problems also need help. The basic needs of these students differ from the needs of learning disabled students. These needs can often be met within the regular classroom or through regular education alternative programs within regular education.

A review of the guidelines forwarded from each state revealed that five major approaches are being used to determine discrepancies between achievement and potential: a) informal estimates based on clinical judgements; b) grade level expectancies; c) achievement level expectancy formulas; d) standard score discrepancy formulas, and e) regression models. Some states specified one or more of these approaches in their guidelines. Other states did not specify any specific approach for determining expectancy, but left the choice to the discretion of the local educational agency. The materials received from three states did not refer to the discrepancy criteria. Appendix D provides a description of the approach mentioned by each state in the materials forwarded to the task force. It should be noted that 38 states mentioned the use of more than one approach to the determination of discrepancy, while 10 states did not specify a single approach, but left the selection of the discrepancy procedure to the local educational agencies. The guideline materials from three states did not include any mention of the discrepancy issue.

This chapter reports and summarizes the major points concerning the models for determining achievement-potential discrepancies which are currently being used. Guidelines for selecting tests for determining a potentially severe discrepancy also are discussed.

Informal Estimates

The guidelines of 16 state and local educational agencies discuss the use of informal estimates and judgement in determining achievement-potential discrepancies. Regular classroom teachers can obtain a rough estimate of a discrepancy between a student's level of achievement and intellectual potential by using informal methods within the classroom. A teacher or a specialist might want to use informal methods during the initial stages of describing a student's problem. In some cases it may be that a discrepancy does not exist. In other cases the discrepancy may be so obvious that informal methods of assessment may be sufficient to establish that a large discrepancy exists. It is very helpful to determine whether a student, who is having difficulty learning, is functioning below his estimated potential for learning, or is functioning at or slightly above what would be expected. This kind of information is important in selecting appropriate instructional objectives, learning materials, and in adapting instructional methods.

Teachers often arrive at the conclusion that a student has a discrepancy between achievement and potential strictly from observation. For example, achievement level can be estimated informally by using graded level materials and studying the student's performance in the academic task he/she is failing. The student's learning potential can be estimated informally by: a) subtracting 5.5 from the student's chronological age; or b) estimating the level of listening comprehension or understanding by asking the students questions about information which the student hears or asking general information questions which most children of the same chronological age could answer. A comparison of the student's estimated achievement level to his/her estimated potential for learning may reveal discrepancies between achievement and potential. If these informal procedures suggest that a discrepancy exists, the discrepancy needs to be confirmed through more accurate standardized procedures (Kirk & Chalfant, 1984).

Informal procedures involve clinical judgement on the part of the teachers who have experience in teaching and evaluating students. Although obvious cases of achievement-potential discrepancy may be identified using informal techniques, there are several disadvantages. Informal procedures can be viewed as subjective and arbitrary, and might be difficult to defend legally. The greatest strength of clinical judgement is that it provides flexibility into any eligibility plan and can be used to override questionable formula-driven decisions (Lerner, 1984).

Grade Level Discrepancy Models

Traditionally, students whose achievement scores are significantly below grade placement are usually classified as "underachievers". The comparison of grade level placement and achievement is one method for determining whether or not a discrepancy exists. Sixteen states mentioned grade level expectancy model for determining achievement-potential discrepancy. Cone and Wilson (1981) discuss two variations for determining deviation from grade level:

1) constant deviation, and 2) graduated deviation. These two are outlined as follows.

Constant Deviation

This method for determining deviation from grade level uses a constant level of deviation such as achievement of one or two years below grade placement. This method is easy to use, but it does not take into acount the number of years a student has been enrolled in school or the fact that a one-year discrepancy in the 9th grade is not as significant as a one-year discrepancy in the second grade. Another problem with constant deviation is that when a student has an extremely high or low mental ability score, it does not mean that the student, upon retesting, also will produce an equivalent achievement score at the extremely high or low level (regression toward the mean).

Graduated Deviation

The second method of determining deviation from grade level is to increase the magnitude of allowed deviation as the grade placement increases. For example, Richek, List, and Lerner (1983, cited in Lerner, 1984) present an example of deviation from grade level for eligibility purposes.

Primary Grades - over 0.5 years below current grade level
Intermediate Grades - over 1.0 years
Junior High School - over 1.5 years
Senior High School - over 2.0 years

Graduated deviation from grade level is often combined with a limit on intelligence quotient. For example, it might be decided that the student's IQ should be within the normal range or above to be eligible for services for the learning disabled. States use different cut off values ranging from IQs below 70 to 85.

According to Cone and Wilson (1981) the graduated deviation method is easy to administer and takes into account the gradually increasing range of variability of scores as students progress to the upper grades. Grade level discrepancy models tend to overidentify students who are slow learners or borderline mentally retarded. Many of these children are functioning academically at a level appropriate to their age and intellectual ability. Students with high IQ scores are less likely to be identified as being discrepant achievers.

Achievement Level Expectancy Formulas

The guidelines of eleven states mentioned the use of achievement level expectancy formulas. There are a number of formulas which have been used to quantify achievement expectancy level. This section presents those expectancy formulas which are being used, and discusses their usefulness as well as the issues and concerns about their use.

Johnson and Myklebust (1967)

A learning quotient is obtained by taking a student's obtained reading score, converting it to an age equivalent, dividing by the expectancy age, and multiplying by 100, where

$$\text{Expectancy age} = \frac{\text{Mental Age} + \text{Life Age} + \text{Grade Age}}{3}$$

Kaluger and Kolson (1969)

This formula for quantifying discrepancy achievement assumes each child to be five years old upon entering school. The number of years in school are not taken into account.

$$\text{Learning Expectancy Level} = \text{Mental Age} - 5$$

Bond and Tinker (1973)

The Bond and Tinker formula calculates expectancy grade as follows:

$$\text{Reading Grade Expectancy} = \frac{\text{Years in School} \times \text{IQ}}{100} + 1.0$$

Harris (1970)

The Harris formula determines the discrepancy between achievement and ability:

$$\text{Expectancy Age} = \frac{2\ \text{MA} + \text{CA}}{3}$$

In 1976 the U.S. Office of Education proposed a variation of the Harris formula for determining a severe discrepancy between academic achievement and mental ability.

$$\text{Severe Discrepancy Level} = \text{CA}\left(\frac{\text{IQ}}{300} + .17\right) - 2.5$$

Algozzine, Forgnone, Mercer, and Trifiletti (1979)

Algozzine et al. (1979) proposed the following equation as a more accurate alternative to either the federal formula or percent discrepancy formulas.

$$\text{Severe Discrepancy} = .5\left[\frac{\text{IQ}}{100} \times (\text{CA} - 5.5)\right]$$

They concluded that this formula was potentially useful in obtaining 50% discrepancy levels at various IQ and chronological age levels.

Discussion

There may be cases in which achievement level expectancy formulas can be used to quantify more obvious discrepancies.

In discussing expectancy formulas, Cone and Wilson (1981) point out that each formula emphasizes different kinds of variables, but that none of these formulas address the issues of:

a) Errors of measurement
b) Regression toward the mean
c) Norm group comparability
d) A priori knowledge of incidence
e) Increased range and variability of obtained scores for students at higher grade levels.

These issues raise serious questions about the professional use of these formulas in those questionable cases where a precise estimate is needed, as in hearings, courts, or in situations where eligibility is being challenged or disputed. It should be remembered that reliance upon discrepancy data alone is not sufficient in eligibility cases. The use of formulas is only one criterion among several which may be used.

Danielson and Bauer (1978) cite the following concerns about the use of expectancy formulas:

a) Dependency on scores from intelligence tests.
b) Failure to account for the number of years a student has attended school.
c) Selection of an arbitrary severity level.
d) Lack of teacher preparation to apply the formula.
e) Difficulty determining when special education services should be discontinued.

Statistical inadequacies of achievement level expectancy formulas have been discussed by McLeod (1979) and Cone and Wilson (1981) who state that these formulas do not:

a) Emphasize different critical variables.

b) Address errors of measurement.

c) Take into account regression toward the mean.

d) Consider norm group comparability.

e) Take into account increased range and variability of obtained scores for students at higher grade levels.

In discussing the expectancy formula approach, Danielson and Bauer (1978) reported that children in the dull-normal IQ range of 80-90 were more likely to be identified as having a discrepancy than were children scoring 90 or above. Also, children under eight years of age were more likely to be identified than older children.

Standard Score Discrepancy Models

Standard score discrepancy models are used by 23 states to circumvent many of the criticisms leveled at age/grade expectancy formulas. These procedures offer a more appropriate method for quantifying the existence of a severe discrepancy between aptitude and achievement (Reynolds et al., 1984). In this method, all scores are converted into standard scores with the same mean and standard deviation. A standard score states the position of a score with respect to the mean of the distribution and uses the standard deviation as the unit of measure.

The conversion of raw scores to standard scores allows for the comparison of scores across tests, subtests, age, and grade levels. The most frequently used standard score procedure is the z-score model of Erickson (1975), described by the following equation:

$$Z = \frac{\text{Test Score - Group Mean}}{\text{Standard Deviation of Scores}}$$

The achievement z-score is then subtracted from the ability z-score and the result is compared to particular criterion of severe discrepancy being utilized.

A severe discrepancy for the simple difference score distribution model is given by the following equation, which presents the scores in z-score terms:

$$\text{Severe Discrepancy} = SD\ Za \sqrt{2-2\ rxy}$$

where SD = the standard deviation of the two measures scaled to a common metric.

Za = the particular criterion, in z-score terms, being utilized.

rxy = the correlation between the two tests being used.

While standard score comparison methods answer many of the statistical criticisms associated with expectancy formulas, they do not take into account the effects of regression of IQ on achievement.

Regression Models

The guidelines of six states included the regression model. While simple standard score discrepancy models allow for comparisons between different tests by conversion to a common scale, they do not address the concept of regression. The well documented phenomenon of regression toward the mean is the result of an imperfect correlation between ability and achievement measures. In their discussion of regression, Reynolds et al. (1984) point out that the expected achievement score for a child scoring 130 on an ability measure is not actually 130 but rather between 120-123. The achievement score is likely to regress toward the mean. The reverse is true for a child with a low IQ. For example, a child with an IQ of 85 will have an expected achievement level of about 88 or 89.

The phenomenon of regression toward the mean will hold true for all scores above or below the mean value of the ability measure. Unless regression is taken into account, children scoring above the mean will tend to obtain achievement scores lower than expected, while children scoring below the mean will obtain scores higher than what should be expected. If correction for regression is not employed, it will lead to overidentification of children with IQs above 100 and an underidentification of children with IQs below 100.

Three basic equations addressing the regression issues have recently been reviewed by Mellard et al. (1983) and Reynolds et al. (1984). These formulas are presented as follows. A brief discussion of each formula is included.

Regression Prediction Discrepancy

McLeod's (1979) model defines a discrepancy as existing when the difference between the child's predicted achievement score (based on the regression between IQ and achievement, in z score terms, $\underline{r}xy^2y$, designated Y) and the child's obtained achievement score (Yi) exceeds the following value:

$$SD\ Za\sqrt{2 - rxx - ryy\ (r^2xy)}$$

Reynolds et al. (1984) question the derivation of the mathematical expression and the lack of theoretical support for this formula and rejected this model.

Regression Estimates of True Discrepancy Scores

A third method of correction for regression is the regression estimates of true discrepancy scores (Linn, 1982, cited in Mellard et al., 1983). This method again uses standard score units, and gives the discrepancy between the regression estimated achievement and aptitude in true scores. However, regression for this procedure is a function of the standard error of measurement of the test. The discrepancy is evaluated for educational significance by its comparison with values expected to be obtained by some predetermined percentage (e.g., lowest 3% of a general population). The value is determined by the standard deviation of the difference, SD_D, and determined by the following equation:

$$SD_D = \sqrt{b^2_{Dyx} + b^2_{Dyx} + 2(b_{Dyx})\ rxy}$$

where

D = Regression estimate of true discrepancy.

SD_D = Standard deviation of the regression estimate of true discrepancy.

bDyx = Regression weight for achievement score.

Dyx = Regression weight for aptitude score.

ryx = Correlation between the aptitude and achievement tests.

Za = Criterion level for severe discrepancy from table of Z values. In this model, the student has a severe discrepancy if $_D$ equals or exceeds Z - a (SD_D).

Frequency of Regression Prediction Discrepancy

The frequency of regression prediction discrepancy model after Cone and Wilson (1981) uses common standard scores. In this method, the achievement standard score is subtracted from the predicted achievement score obtained by regressing the aptitude standard score on the mean of the achievement standard score. The discrepancy is considered severe when the value exceeds that given by the equation:

$$\text{Severe discrepancy} = SD\ Z\hat{A}\sqrt{1 - r^{2}_{xy}}$$

The formula is given in z score terms, where

SD = the standard deviation of the two measures scaled to the same metric.

Za = the criteria imposed for a severe discrepancy.

rxy = the correlation between the aptitude and achievement tests (i.e., the validity correlation coefficient).

This formula was felt to be statistically adequate and was the one most favored by the Reynolds group.

Guidelines for Selecting Tests for Determining a Potentially Severe Discrepancy

Reynolds et al. (1984) point out that it is necessary to consider the quality of the test data being used in determining a discrepancy. Eleven guidelines for selecting tests for the assessment of a potentially severe discrepancy are recommended:

1. Tests should meet all requirements stated for assessment devices in the rules and regulations implementing PL 94-142.
2. Normative data should meet contemporary standards of practice and be provided for a sufficiently large, nationally stratified random sample of children.
3. Standardization samples for tests whose scores are being compared must be the same or highly comparable.

4. For the purpose of arriving at a diagnosis, individually administered tests should be used.
5. In the measurement of aptitude, an individually administered test of general intellectual ability should be used.
6. Age-based standard scores should be used for all measures and all should be scaled to a common metric.
7. The measures employed should demonstrate a high level of reliability and have appropriate studies for this determination in the technical manual accompanying the test.
8. The validation coefficient, r_{xy}, representing the relationship between the measures of aptitude and achievement should be based on an appropriate sample.
9. Validity of test score interpretations should be clearly established.
10. Special technical considerations should be addressed when using performance-based measures of achievement (e.g., writing skill).
11. Bias studies on the instruments in use should have been conducted and reported.

Mellard et al. (1983) list five basic criteria which should be used in calculating any discrepancy formula:

1. All scores should be expressed as standard scores with the same mean and standard deviation to make the scores comparable across tests.
2. Tests should be normalized on the same population or at least based on a representative national sample.
3. Tests should all be individually administered according to standardized procedures.

4. Tests should have a high reliability, at least .80 and preferably .90 or higher.

5. Achievement and aptitude tests should correlate highly with each other, preferably .70 or higher.

It should be noted that few tests used in the assessment of learning disabilities meet all of these criteria. Nevertheless, it is important to establish such guidelines so educators can judge which tests should be used and which tests are inappropriate.

Summary

1. For instructional planning, it is helpful to distinguish those students who have a discrepancy between achievement and potential from students whose achievement is commensurate with their estimated potential.

2. Informal estimates of achievement and potential can be used to identify obvious cases where a student's level is well below his or her estimates of potential.

3. The grade level discrepancy method is easily administered, but over-identifies slow learners and underidentifies students with high IQ scores.

4. Achievement level expectancy formulas also identify severe cases of discrepancies, but are dependent on questionable scores from intelligence tests. These formulas fail to account for the number of years a student has attended school and rely on an arbitrary severity level. They also have other statistical problems.

5. Standard discrepancy score models answer the statistical criticisms of expectancy formulas, but fail to account for the regression of IQ of achievement.

6. There are two major reasons why regression models are used to determine discrepancy between achievement and potential. Regression models, which can be used to determine discrepancy between achievement and potential, take into account the phenomenon of regression toward the mean. It is assumed that use of regression formulas reduce overidentification of children with IQs over 100, and underidentification of children with IQs below 100 (the opposite of the case for expectancy formulas). In addition, standard score procedures, emphasizing regressive analysis, seem to be more statistically appropriate for quantifying severe discrepancy between aptitude and achievement.

7. Some of the major concerns about regression analysis include:

a) According to Lerner (1984), "Regression is a precise sophisticated technique being used on tests that are gross measures of behavior" (p. 44).

b) Regression has an inherent weakness as a way to quantify discrepancy, because the intelligence tests which are used have low reliability and fail to meet acceptable psychometric standards (Shepard, 1980; Salvia & Ysseldyke, 1983).

c) There are disagreements among knowledgeable statisticians and psychometrists about certain statistical derivations, concepts, and assumptions with respect to regression. It is not surprising, therefore, that many administrators, special education personnel teachers, and parents do not conceptually understand, use, or interpret regression analysis procedures and results.

d) Failure to account for the number of years a student has been in school.

e) Although the regression procedure makes no assumptions about the appropriateness of a given severity level, selection of an arbitrary severity level is an arbritrary decision.

f) Lack of teacher preparation for the use of a formula.

g) Difficulty in determining when special services should be discontinued.

Advocates for the use of regression would take issue with several of these concerns. Regression is not seen as a precise sophisticated technique but as a quantitative reflection of what actually occurs in test data. Also, failure to account for the number of years a student has been in school should not be addressed in a formula, because retention is a legitimate regular education intervention, and students should not be held accountable for material to which they may not have been exposed.

8. Procedures for determining a severe discrepancy between ability and achievement should be based on:

a) "A concise criterion as to what constitutes a 'severe discrepancy';

b) The use of valid, reliable and appropriately normed tests of ability and achievement;

c) A defendable procedure for quantifying whether there is a severe discrepancy;

d) Clearly defined criteria and procedures for using team and/or clinical judgement to override statistically derived findings; and

e) The consistent application of the above to all students being considered for referral and/or comprehensive assessment."

(State of Minnesota/Department of Education, 1983, p. 88)

The multidisciplinary team must determine that a discrepancy cannot be corrected through other regular or categorical services offered within the domain of regular education.

9. The presence of a severe discrepancy between achievement and potential is not a sufficient condition for identifying a learning disability. Mellard et al. (1983) point out that a discrepancy yields only statistical information and must be based on more than one simple calculation by formula involving an IQ score. The educational significance of any score must be considered independently of the discrepancy model. For example, discrepancy formulas do not control for cultural bias and are not sufficient to classify a student as learning disabled.

10. In conclusion, Lerner (1984) points out that eligibility for special education services is and should be a value judgement and should not be made solely by measurement experts. There are many considerations that cannot be placed in a formula which should be considered by administrators, psychologists, special educators, teachers, parents, etc. The decision to determine eligibility should be made by a multidisciplinary team and be based on observation of school performance and behavior, informal assessment, responsiveness to instruction, and standardized test scores. Regression analysis is one small part of the process and should be kept in perspective.

CHAPTER SIX

THE ETIOLOGICAL CRITERION

Although the etiology of learning disabilities is included in the definition of learning disabilities by 44 states, its role as a criterion for supporting the identification of a learning disability is minimal. Most state guidelines mention the need to review a student's developmental history and medical information as they relate to the student's daily functioning. Among the etiological factors frequently mentioned as being found among learning disabled students are:

1. A history of brain injury or neurological problems.
2. Motor coordination problems.
3. Slow speech and language development.
4. Immature social and emotional development.
5. Hyperactivity or hypoactivity.
6. Frequent periods of illness or absenteeism from school.
7. Surgery at an early age.
8. Early symptoms also include infant or early childhood problems in feeding, sleeping, temper tantrums, frequent crying, pre-natal or para-natal birth difficulties, low birth weight, or premature birth.

Information or data concerning the physiological and medical status of a student is in the realm of the physician. However, educators can obtain important information through interviews with parents, reviews of developmental history, and identification of any information which might be a contributing factor to learning disabilities. Cooperation with the medical profession may link the student's classroom behavior to etiological factors, which might contribute to a learning disability. This information may not help the teacher address the problems of the learning disabled, but it might help the multidisciplinary team in distinguishing which students might be learning disabled.

SECTION THREE

IDENTIFICATION PROCEDURES

CHAPTER SEVEN

REGULAR EDUCATION: PRE-REFERRAL ACTIVITIES

One of the greatest impacts of Public Law 94-142, The Education of All Handicapped Children Act, is that handicapped children must receive an increasingly greater proportion of their training in the least restrictive environment. This means that a greater number of learning disabled students spend most of their school day in the regular classroom. Thirty years ago the mission of special education was to work with the severe learning and behavior problems. Gradually special education services were extended to the moderately handicapped and then to the mildly handicapped. During this period of development, classroom teachers were gradually conditioned to refer any child who wasn't keeping up with the class. Now it is difficult to determine where the responsibility of regular education ends and the responsibility of special education begins.

Today, regular classroom teachers are confronted with three situations. First, to help students with learning and behavior problems who do not qualify for special services. Second, to help those handicapped children who are placed in the regular classroom for part of the school day. Third, to help identify students who may be handicapped and require special education services.

Because of the confusion concerning the responsibilities of regular education and special education, many teachers choose to refer students for testing rather than to individualize instruction. This tendency has resulted in increased numbers of students being referred unnecessarily with an accompanying increase in costs. There is need to redefine the responsibilities for both special education and regular education.

The guidelines of state and local educational agencies emphasize two levels for addressing this problem. The first is at the regular classroom teacher level and the second is at the building-based support level.

The Regular Classroom Teacher

Practically every state and local educational agency guideline mentions the importance of the regular classroom teacher in the identification process. It is the responsibility of the regular classroom teacher at all levels of instruction (K-12) to create an effective learning environment for each student. This is done under the leadership of the building principal. When a student has difficulty learning, the regular classroom teacher should attempt to address the learner's needs by informally diagnosing the student's problem and by modifying instruction to meet the student's needs.

Initial Teacher Intervention

Most guidelines refer to the classroom teacher as the first step in a system for helping students with learning and behavior problems. The initiative of each classroom teacher is critical in attempting to determine why a student is having difficulty. This is done informally by teaching the student, closely observing the student's progress, and trying instructional modifications in the level of instruction, complexity of content, the amount of work given, and in instructional methods.

In many cases, teachers are able to find alternative learning situations which are effective and are able to: reteach academic skills; alter curriculum content; involve the parents; and attempt to assist the student's progress through the curriculum. There are two important competency areas which help teachers intervene in the classroom: direct instructional strategies and classroom management strategies. Effective classroom instructional strategies are shown to be highly interactive, teacher-directed whole class or small group instruction with high success rates, a supportive and warm atmosphere, close monitoring of student behaviors and immediate feedback to students (Stallings, 1981). For example, Rosenshine (1982) describes six effective instructional categories: a) review and checking of previous day's work, b) presentation of new content/skills, c) initial student practice and checking for understanding, d) feedback and corrective (plus reteaching if necessary), e) student independent practice, and f) weekly and monthly reviews.

Classroom management strategies prevent problems from arising that can inhibit the use of good instructional strategies. Brophy (1982) has identified strategies such as diagnosing student needs and differences, preparing the learning environment in the classroom, organizing instructional and supportive activities for student engagement, developing rules of conduct, managing groups, resolving conflicts, and motivating students.

When the teacher's initial efforts in the classroom have met with little or no success, teachers should have the opportunity to seek some kind of assistance.

The Teacher Consultant Model

Many schools have established a teacher consultant model to support the classroom teacher. Basically, the role of the consulting teacher is to provide consultation to teachers rather than providing direct service to students (Meyen, 1982). The consulting teacher should be experienced in special instructional techniques as well as being skilled in the diplomacy and dynamics of the consultative process. Consulting teachers also assume a role in the delivery of inservice training.

In other schools, a less formal approach is taken. For example, an individual on the staff may be designated to provide a "teacher consultant" role. Such persons may include the:

1. Building principal
2. Assistant principal
3. Curriculum consultant
4. Department head
5. Elementary or secondary supervisor
6. School counselor
7. School psychologist
8. School special education personnel

Support is usually informal, casual, or unstructured. Nevertheless, such contact can be effective with many minor problems. For more serious problems, however, many teachers have no alternative except referral of students to special education for testing.

The Team Teaching Model

The team teaching model usually consists of a group of teachers who have the common responsibility for coordinating instructional planning and providing instruction for a specific group of students. An elementary school team, for example, might consist of a pod of three or four second grade teachers. Junior or senior high school teams are often established along departmental lines in English, Science, Math, or History. Teachers who participate on such teams have resources for assisting them to individualize instruction.

Discussion

At present, the effects of regular classroom teachers are most valuable in attempting to individualize instruction for students who are having difficulty in school and referring them to special education when efforts to individualize instruction have failed. Both the teacher consultant model and the team teaching model are useful in supporting classroom teachers, but there is a limit to what regular classroom teachers can be expected to accomplish with learning disabled students in the regular classroom setting. These limitations are pointed out by Minskoff and Minskoff (1975) who state that general education does not: a) provide diagnosis of children's abilities and disabilities, b) task analyze methods and materials in the school curriculum, and c) make modifications of the school curriculum on the basis of diagnostic information. General education is mandated to educate enormous numbers of children. Before compensatory teaching can be undertaken in the regular classroom, general educators will have to be trained in special education skills, and both special education and regular education will have to pool their skills and knowledge for mass dissemination of compensatory teaching programs.

Teacher Support Teams

Although many states advocate pre-referral screening teams, the guidelines of 16 state educational agencies discuss the need for establishing a within-building problem solving team whose primary function is to support regular classroom teachers. These states are:

District of Columbia
Georgia
Idaho
Illinois
Iowa
Kansas
Louisiana
Maryland
Michigan
Minnesota
Missouri
Nebraska
Ohio
Oklahoma
Tennessee
Virginia

Such teams are used to help clarify the nature of a student's learning and behavior problems, generate instructional alternatives for the classroom teacher, monitor the impact of the recommendations, and refer students for individual evaluations. A teacher support team serves as an intermediate step prior to referral for testing. Team staff can share their knowledge, skills, and ideas in dealing with a large variety of learning and behavior problems.

In some guidelines, only a general statement is made about teacher support teams. For example, school staff should discuss a student's problem and determine if the student can be helped in the regular classroom or whether a referral should be submitted to special education evaluation. Other guidelines give considerable detail about the activities, team membership, and operating procedures of the teams. This section will summarize some of the characteristics of these teams.

Activities of Teacher Support Teams

Different teacher support teams seem to emphasize different activities. These teams may be involved in five basic activities, although the extent of involvement with these activities may vary.

1. Teacher Consultation - Teacher support teams meet and consult with teachers requesting help to discuss the nature of a student's problem and to determine what the teacher has tried to do to help the student.

2. Informal Assessment - Teams often plan and conduct informal assessments to help delineate a student's problem. Informal assessment procedures usually include such activities as: a) identifying those students who are performing below chronological age and grade placement; b) determining the student's achievement level as well as the kinds of errors which are made; and c) attempting to determine if there are any obvious physical, psychological, social, emotional, environmental, or instructional factors contributing to the problem. The chief tools for conducting an informal assessment are: teaching, observation, and the use of school records, work

products, and consultation with school personnel. Information obtained from an informal assessment often helps the teacher find a way to teach the student.

Teams often begin informal assessment by discussing the student's strengths and weaknesses with the teacher, reviewing the records of the students, and discussing what the teacher has done to help the student. The team and the teacher may develop an informal assessment plan to document the student's behavior and collect any additional information which may be needed to develop classroom recommendations.

Teacher assessment of learning problems is appropriate because the teacher is the person who:

a) Is the most familiar with the classroom materials and with the demands to be placed on the child.

b) Has access to unlimited samples of the student's task behavior.

c) Sees the child during different times of the day and over many days.

d) Has an opportunity to collect observational data from independent seatwork, responses to group instruction, and trial teaching procedures.

e) Is a primary source of information in determining the child's educational needs.

3. Generating Instructional Alternatives - A key activity of a teacher support team is determining whether a student can be helped through regular classroom intervention. After helping the teacher define what is desired of the student, the team then generates specific intervention strategies and classroom modifications which the teacher can implement.

4. Monitoring Progress - Another important part of the teacher support system is assisting the teacher in developing a practical plan for monitoring

the impact and success of the intervention strategies. Many teams document the result of instructional modifications, particularly if future referral to special education might be indicated. Such information is helpful to both screening and multi-disciplinary teams.

5. Referring Students for Individual Evaluation - When the teacher and the team have done all they can to help a student and their efforts have been unsuccessful, the team makes a formal referral to special education requesting that a comprehensive evaluation be given.

Team Designation

Within-building teams are designated by a number of different names which reflect the diverse roles of the teams. For example:

1. Building level committees or teams
2. Educational management teams
3. Grade level teams
4. Instructional assistance teams
5. Referral committees
6. School instructional teams
7. Screening teams
8. Student assistance teams
9. Teacher assistance teams

Team Membership

Selection of team members is determined by the major purpose and activities of the team. There are two basic models:

Model One - A core of regular educators with special education personnel serving in a resource capacity when needed.

Model Two - Multidisciplinary membership with representation from regular and special education administration, or instructional support services.

A teacher support team may be a standing team or an ad hoc team. Most guidelines provide local educational agencies the freedom to select team members from those they believe will accomplish its purposes. Some teams may be composed of: a) only classroom teachers; b) building principal/assistant principal and classroom teachers; c) grade level or department personnel; or d) special education and regular education personnel. In some cases, parents or the student are asked to serve on the team. A typical list of potential team members usually includes:

Regular Education Staff
- Building Principal or Assistant
- Referring Teacher
- Regular Classroom Teachers
- Grade Level or Department Representative
- Lead Teachers
- Librarian
- Curriculum Consultant

Special Education Staff
- Counselor
- Social Worker
- Special Education Resource Personnel
- Remedial Reading Teachers
- School Psychologist
- School Nurse
- Learning Consultant

There are two ways for identifying team members. The staff may elect those individuals with whom they feel comfortable when seeking help. The second method is for the principal to appoint those staff members whom he or she believes will best accomplish the purposes of the team. Team members are often rotated after a certain period of time.

Team Schedule

Teams meet weekly, bi-monthly, monthly, or stand by to meet when needed. The usual times to meet are before school, during the lunch hour or planning periods, or after school. Most teams meet for one to two hours depending upon their purpose and operating procedures.

Advantages of Teacher Support Teams

A building-based teacher assistance team has several advantages such as:

1. Helping teachers analyze and clarify learning and behavior problems in the classroom.
2. Designing practical interventions for regular classrooms which increase teacher skill and comfort in teaching students with special needs.
3. Following up the recommendations made to teachers.
4. Encouraging parents to become involved before referral to special education becomes a possibility.
5. Reducing the number of inappropriate referrals to special education.
6. Maximizing the resources of regular education and increasing the availability of special education staff for more severely involved students.
7. Bolstering staff morale.

Summary

1. The importance of the regular classroom teacher as the first step in the identification process is mentioned in nearly every state and local guideline. Unfortunately, special education at both the state and local levels has little or no authority control or input to regular education staff other than consultative.

2. There are three stages of intervention within the regular classroom: a) direct intervention with the child by the classroom teacher, b) intervention with the teacher by a teacher consultant, and c) intervention through team teaching. These approaches are all useful in attempting to individualize instruction for a student as well as contributing to the referral process.

3. Many state guidelines refer to pre-referral teams of special personnel and regular classroom teachers. The primary objective and motivation of such teams originate from the special education staff, and in many cases are focused on reviewing referrals. Such teams are usually led by special education personnel.

4. Teacher support teams composed primarily of regular classroom teachers serve as a within-building problem solving "swat" team. These teams are used to:

a) Clarify the nature of a student's learning and behavioral problems.

b) Generate instructional alternatives for the classroom teacher.

c) Monitor the impact of the recommendations.

d) Share knowledge ideas and skills with the staff.

e) Refer students for evaluation whenever necessary.

The objectives of teacher support teams are teacher focused rather than student focused and are intended to help the classroom teacher. Within-building support teams, regardless of their composition, should have the support of the agencies' line authority in regular education in order to gain acceptance by school personnel.

5. In establishing a building based team, it is necessary to determine:

a) The specific objectives of a building's teacher support team.

b) The relationship of regular education and special education at the pre-referral level.

c) The kinds of personnel who should be placed on a team at a pre-referral level.

d) The person who will provide the leadership and supervise the development and operation of the team.

e) The pre-referral activities which need to be accomplished before a student is brought to the attention of special education.

f) How to provide in-service training for participating more effectively or leading a problem solving team.

CHAPTER EIGHT

IDENTIFYING HIGH RISK STUDENTS

Each local educational agency is directed by state regulations to establish written policies and procedures for identifying and locating students from the general population who are in need of some kind of special assistance because of academic, intellectual, physical or social-emotional problems; or have a high predictability for failure in school. This identification system or plan should attempt to distinguish between those students who:

1. Can benefit from the regular classroom program by receiving assistance within the regular classroom setting, or
2. Need to be referred for individual evaluation to determine if they should receive special education services.

Comprehensive identification plans include identification methods for preschool children between the ages of three and five years, as well as for elementary, junior high, and senior high school students.

It is important to note that in the initial identification of high risk students, the only judgement to be made is whether the student's behavior is different or suspect. No attempt to label the student's behavior should be made. Although the details of the identification systems described by state and local educational agency guidelines differ, there seem to be a number of basic strategies which are used in developing identification procedures. This chapter will review these identification strategies.

Screening Examinations

Screening examinations are periodically given to entire school populations. The screening instruments are administered by regular school personnel including the regular classroom teacher, speech and language pathologist, guidance counselor, physical education instructor, reading consultant, learning disability teacher, social worker, the school nurse, school doctor, etc.

Screening examinations are usually given to all new students and are systematically given to the entire school population at specified intervals such as every two or three years. Screening usually includes the following areas:

1. Health Screening
    a) general health status: nutrition, dental, health history
    b) visual acuity
    c) hearing acuity
2. Group Intelligence Test Screening
    a) reading
    b) arithmetic
    c) spelling
    d) writing
4. Skill Level Screening
    a) speech functioning
    b) language functioning
    c) gross and fine motor coordination
    d) reasoning
5. Social and Adaptive Functioning
6. Preschool or Kindergarten Screening
    a) language skills
    b) motor skills

c) self help skills

d) social skills

Transition Screening

Many guidelines include screening procedures for locating high risk students who are making the transition from elementary schools to middle schools and junior high schools or from these schools to senior high schools.

1. The English department at the junior or senior high school level can test the reading and writing skills of each incoming student.
2. School officials should conduct a review of the cumulative files for all incoming students and pay particular attention to:

a) Academic entrance examination scores;

b) Failure in courses;

c) A history of high absenteeism;

d) A history of disciplinary action;

e) Social and emotional maladjustment;

f) Teacher observations and reports.

Screening students who are moving from one level to another is usually done by: school counselors, advisors, chair persons, homeroom teachers, or designated committees.

Conferences with Parents or Guardians

Conferences with the parents or guardians of students often can help in identifying specific problems of new students. Information obtained in these conferences often reveals information about students which: a) may alert the interviewer that there may be reason to suspect that certain students have difficulty; or b) possibly help explain the student's existing problems in school.

Coordination with Community Agencies

State and local guidelines frequently mention that the identification of high risk students at both the school-age and preschool levels can be improved by development of working relationships with community agencies. Public information channels such as radio and television can be used to alert parents of characteristics of various high risk groups and inform them to the existence of community agencies designed to serve these groups. Coordination with day-care centers, nurseries, and medical facilities is useful in supplementing the identification process.

Formal Referral for an Evaluation

Every state and local educational agency guideline presents a system for referring students for individual testing. A referral may be defined as a formal procedure for requesting a comprehensive evaluation by a multidisciplinary team. An individual evaluation can help identify the nature of a student's problem and determine whether or not the student is in need of special education services or other help which must be obtained outside the regular classroom. Referrals can originate from:

1. Agencies or professionals outside the school;
2. Parents or guardians;
3. Students themselves;
4. Screening results;
5. School personnel.

Referrals from classroom teachers usually occur when the teacher has exhausted his or her usual teaching strategies and undertaken all the activities recommended by others, and the student still has not reached a satisfactory level of performance. Students who have been identified as "high risk" through the screening programs are automatically routed through the referral system, as are all referrals from community agencies, doctors, parents, etc. outside the school.

Contents of Referral Forms

Most local educational agencies use a standardized referral form to help teachers who are making the referral organize the relevant information, think more critically about the students, and assist the team in reviewing referrals from different teachers. The contents of referral forms seem to vary widely. Some are excessively long and others are short and succinct. The referral forms might include such things as:

1. Student and family identification information.
2. Health history.
3. Student strengths and weaknesses.
4. Teacher statements about expected classroom behavior.
5. Description of the student's problems.
6. Information on academic functioning and skill areas.
7. Information on intellectual functioning.
8. Check lists on student behaviors.
9. Rating scales on student behaviors.
10. Descriptions of methods the teacher has tried.
11. Previous test data and background information.

Information included on a referral form probably reflects factors which the school personnel believe to be important in making initial decisions about a student.

Reviewing Referrals

Most state and local guidelines include review procedures which involve testing to determine if the screening data and the referral support the suspicions of a handicapping condition and whether or not a comprehensive evaluation is warranted. A survey of the different methods of reviewing referrals found that those who review referrals seem to be addressing one or more of the four questions listed below:

1. Does the information on this student support the suspicion of a handicapping condition?
2. Should the student's name be forwarded recommending that he or she receive an individual evaluation?
3. What arrangements for an individual evaluation need to be made, including parental notification?
4. What kinds of instructional modifications or service alternatives can be provided to classroom teachers to assist them in helping the student in the regular classroom?

There seem to be three approaches for reviewing referrals for individual evaluation.

First, the review may be conducted by a single person such as the principal or his designee.

Second, a team of regular education personnel on a teacher support team may conduct the review. The team includes the principal and his/her designee, a teacher qualified to teach a student of that age, and the referring teacher. Specialists can be added to the team as needed.

Third, a joint special education and regular education review committee may not only review referrals to determine whether further assessment is warranted, but also arrange for appropriate assessments, obtain parental consent, and recommend classroom modifications or alternative services to the referring teacher.

Summary

A review of state rules and regulations which describe procedures for identifying and locating high risk students who may need some kind of special education services reveals considerable similarities among state guidelines. Among these are included:

1. A comprehensive plan for identifying high risk students.
2. Age ranges: 3-5; elementary; junior high or middle school; and senior high school.
3. Screening examinations for all new students and to all students at specified intervals.
4. The specific areas in which screening examinations should be given and who should give them.
5. Screening strategies for students transitioning from one educational setting to another.
6. The use of conferences with parents and guardians as a screening strategy.
7. The use of community agencies to the screening program.
8. Procedures for operating an effective referral system.

The consensus which seems to exist among state guidelines for identifying high risk students may be due to a number of factors such as: a long history of development in the area of identification, the impact of professional organizations, and the impact of Public Law 94-142 guidelines concerning compliance. In general, state rules and regulations on identification procedures are usually presented in an organized and detailed manner.

SECTION FOUR

DECISION MAKING

CHAPTER NINE

TEAM DECISION MAKING

Every state guideline includes some discussion of the multidisciplinary team by: a) analyzing the results of the comprehensive individual evaluation; b) deciding whether or not the student has a handicapping condition; c) determining if the student is eligible for special education services; d) writing an individualized educational program; and e) placement services.

This chapter will discuss three areas which are critical for effective decision making by multidisciplinary teams. There are: a) key decision making areas; b) considerations for organizing a multidisciplinary team; and c) group dynamics and decision making.

Key Decision Making Areas

Multidisciplinary teams are involved in numerous decision making processes. This section introduces six areas of decision making which can result in either the appropriate or inappropriate labeling and programming of students. These areas are:

1. Validating referrals for testing;
2. Developing an assessment plan;
3. Integrating and interpreting findings;
4. Diagnostic teaching;
5. Determining eligibility;
6. Writing the individualized educational program.

A wrong decision in amy of these key areas can either deny special education services to a student who needs them or inappropriately provide a special education service to a student who might need another intervention.

Teams should learn to specify and focus on the specific questions about which decisions are to be made.

Validating Referrals for Testing

Before a student is referred to special education for testing, every effort must be made to address the student's learning problem in the regular school placement. Ysseldyke and Thurlow (1983) point out that referring a student for evaluation may be the most biasing factor in the decision making process. State guidelines recognize this. Because so many referrals are being made in the schools, many state guidelines recommend a system for reviewing referrals.

There are three strategies for reviewing all referrals to see whether or not they should be sent to special education for testing. The review may be done by: a) the principal or his/her designee; b) a small referral screening team made up of building-level special education and regular teachers; or c) a within-building teacher assistance team consisting of regular classroom teachers. After reviewing the referral, the decision is made to either refer the student to special education for testing, or try to resolve the problem in the regular classroom.

The question is, "When should special education personnel become involved?" The role of special education personnel on building level teams depends upon the purpose of the team and the kinds of decisions that the team is to make. Each building needs to determine what the regular education staff should be expected to do before involving special education personnel. Special educators can serve on a building level team as either a team member or as a resource person who is invited to join the team as needed.

Developing an Assessment Plan

Any test which is to be administered must be carefully selected, because the validity and reliability of many achievement and psychological tests are being questioned. All tests which are selected should be included as integral parts of a comprehensive assessment plan. Assessment plans designed by multidisciplinary teams would help team members determine what information is relevant; focus on relevant areas; provide coordination of team efforts; and improve efficiency and effectiveness of the assessment process. Such plans would: a) include assessment questions which need to be answered about the student's academic, physical, intellectual, social, emotional status or his background; b) present procedures for answering the questions; and c) identify who is responsible for answering each assessment question and state when it is to be done.

Integrating and Interpreting Findings

An inordinate amount of staff time is spent by multidisciplinary meetings in making oral reports to share information (Ysseldyke & Thurlow, 1983). Large and diverse amounts of data to be presented are both time consuming and difficult to remember. For example, guidelines for multidisciplinary meetings typically include the following:

1. Pre-referral teacher intervention activities;
2. Achievement level;
3. Intellectual ability;
4. Cognitive or learning process;
5. Social-emotional status;
6. Vision and hearing acuity;
7. Physical and other health impairments;

8. Learning environment information;
9. Cultural, environmental, or instructional background;
10. Family history.

A standard procedure is for each specialist to report his/her results orally. This procedure takes time and makes it difficult for team members to retain so much information through listening. If a summary of the conclusions of each specialist were prepared, distributed to all team members, and read before each meeting, the actual meeting time could be spent in analyzing and interpreting the information and developing a diagnostic statement about the student's problem. The additional time could be used in making decisions rather than sharing information.

Diagnostic Teaching

When a multidisciplinary team has had difficulty determining the nature of a student's problems, the pressure to meet a deadline or make a decision often results in students being misdiagnosed and being placed in inappropriate programs. State guidelines often suggest diagnostic teaching as a means of supplementing or replacing traditional testing or placement procedures. Diagnostic teaching refers to using the act of teaching as a diagnostic technique. For example, when a student fails a given task, the teacher considers the failed task as an "experimental condition" under which failure has occurred. The teacher then conducts a series of mini-experiments with the student by altering parts of the task, altering the type of response, or altering teaching procedures. This procedure identifies the precise conditions under which success or failure occurs. By observing the student's performance the teacher can:

1. Learn how a child learns or fails to learn;
2. Explore the appropriateness of different remedial methods, materials, and learning environments;
3. Investigate the student's social interaction behavior;
4. Evaluate the student's progress under different conditions.

Diagnostic teaching can be done by any member of the multidisciplinary team, including the referring teacher or parents. Diagnostic teaching can be done within the regular classroom and should not be considered as a trial or temporary special education placement.

Determining Eligibility

Teams sometimes determine students are learning disabled when they are not, or fail to identify students as learning disabled when they are. These inappropriate decisions may be made because of:

1. Staff expectations of the student or individual biases about culture or environment.
2. Parental pressure.
3. Rigid local or state policies and procedures concerning the number of acceptable grade levels below expectancy or stanine differences on standardized ability and achievement tests.
4. Basing judgements using only a single observation or on a single test score or on invalid or unreliable tests which either inflate or deflate test scores.
5. Team members agreeing because of fatigue or being influenced by others perceived as having more expertise.

Eligibility for learning disabilities services should be based on specific criteria. For example:

1. Average or above intellectual ability;
2. Severe achievement-potential discrepancy;
3. A deficit in the learning process;
4. Exclusion factors show the student's problem is not primarily due to sensory impairment, mental retardation, social-emotional maladjustment, cultural, environmental, or instructional factors, medical and other health impairments;
5. Age and grade level achievement is higher in some academic areas than in others;
6. Special education techniques are not provided in the classroom.

Discussion about eligibility should center directly upon the school's criteria of learning disabilities. Team members should not be permitted to discuss other content areas which are not related to the eligibility criteria. Maintaining focus on the relevant criteria is critical in determining eligibility. Many state and local agencies use a checklist format to help team members focus on the team's task during the meeting. Studies by Ysseldyke and Thurlow (1983), however, found that the determination of eligibility for learning disabilities services is not always based on these criteria. Instead, many decisions declaring eligibility were made for the following reasons:

1. There is a high probability that a student will be placed within special education if he or she is referred.
2. Although much assessment data may be available, decisions are not necessarily based on the data, and little time is actually spent interpreting data and proposing alternatives.
3. Many team's efforts seem to be directed at verifying the existence of a problem cited by the teacher rather than exploring other contributing factors.

4. There is a tendency to label a student learning disabled in the absence of any other handicapping condition.

Writing the Individualized Education Program

Guidelines for writing an individualized educational program (IEP) appear in all state guidelines. The federal rules and regulations clearly describe what must be included in an IEP. They include:

a) A statement of the child's present levels of educational performance;

b) A statement of the annual goals including short term instructional objectives;

c) A statement of specific special education and related services to be provided the child, and the extent to which the child will be able to participate in regular educational programs;

d) The projected dates for initiation of service and the anticipated duration of service;

e) Appropriate objective criteria and evaluation procedures and schedules for determining on at least an annual basis whether the short term instructional objectives are being achieved.

There is a major problem in the absence of alternative services for students who are ineligible for special education services. Teams sometimes write IEPs and place students in special programs, when the students are not eligible, in order to provide some kind of service. These kinds of well meaning decisions inflate the numbers of students identified as learning disabled. There is need to establish alternative programs for non-handicapped who aren't learning in our schools.

Considerations in Organizing a Multidisciplinary Team

Both federal and state guidelines are flexible concerning the organization of the multidisciplinary team. A review of local educational agency procedures reveals differences in team membership, the kinds and number of meetings held, and the meeting agendas. This section will discuss how these variables can influence team decision making.

Selecting Team Members

There are three basic approaches for selecting members for the multidisciplinary team.

1. The first approach is to have a standing team consisting of a group of specialists who act on every case. This approach makes special education expertise available for every case. The disadvantage is that many cases do not require the expertise of a special educator. A specialist who becomes involved in a case when his or her input isn't necessary is not using his or her time appropriately.
2. A second approach is to convene a multidisciplinary team for each student, depending upon the kind of problem the student seems to present. This avoids involving the time of specialists whose area of expertise is not needed for a particular case.
3. A third approach is to have a core team of two or three persons who are usually involved in most cases, e.g., an administrator, a resource teacher, and/or a counselor. Additional team members are added as needed. This approach provides team continuity as well as helping manage staff time effectively. Finally, the necessity of including parents as part of a multidisciplinary meeting cannot be overemphasized. Parents often contribute valuable information

about student behavior outside the school setting as well as background information.

Structuring Multidisciplinary Conferences

Most state guidelines give suggestions for structuring the multidisciplinary meeting or meetings. Examples of team activities are:

1. To introduce team members;
2. To clearly state the purpose of the meeting and indicate the time which is available to the group;
3. To alert parents to their rights and due process;
4. To state the reason for referral in relation to the expectations of the student's classroom, home, or community;
5. To review data and information about the student's strengths and weaknesses and establish a composite understanding of the student's problems;
6. To discuss and integrate the information and develop a diagnostic statement and determine the student's unique educational needs;
7. To determine eligibility for special education programs and related services;
8. To determine the extent the student's needs can be met in the regular school program or in the special education programs in the least restrictive environment.
9. To develop an individualized education program;
10. To obtain parental approval of the program.

Teams which have an agenda and a timeline are better able to stay on task and monitor the progress of the tasks which have been completed or remain to be done. Regardless of the number of meetings held, an agenda is necessary for each meeting. A task timeline is the first step taken in tightening team operating procedures.

Patterns for Team Meetings

State guidelines are flexible with respect to the sequence of activities, the amount of time allocated to one task over another, and how many meetings should be held to accomplish all tasks. Schools differ in the number of meetings held during the decision making process. The author has observed five scheduling patterns used by multidisciplinary teams. See Figure 1.

Pattern I - One problem solving meeting is held with the parents in attendance to complete all six tasks.

Pattern II - The team has two meetings. The first meeting is held to accomplish the first four tasks. The second meeting is devoted to writing an IEP and obtain parental approval.

Pattern III - The first meeting is held to integrate and interpret the diagnostic information to determine the student's unique educational needs and to determine eligibility. The second meeting is held to generate the instructional program, placement, and to obtain parent approval.

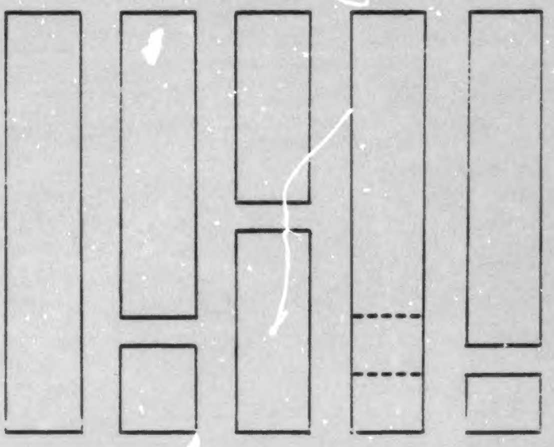
Pattern IV - A first meeting is held by the team and the parents to complete all six tasks. During this meeting, one or two objectives and procedures are written for each area of educational need. Although the IEP is not completed in its entirety during the first meeting, the student may be placed and instruction begun. A second meeting is held within a month to complete the IEP. After having taught

Figure 1

DECISION MAKING MEETINGS

DECISION MAKING AREAS I II III IV V

1. Integrate and Interpret all Diagnostic Information
2. Determine Unique Education Needs
3. Determine Eligibility
4. Determine Extent Needs Can Be Met by Special or Regular Programs
5. Write an IEP
6. Obtaining Parental Approval



the student for a few weeks, the teacher and other team members are better able to develop a more accurate and effective individualized educational program.

Pattern V - This pattern is not in compliance with the spirit and intent of P.L. 94-142. The multidisciplinary team has an informal meeting without the parents and completes the entire decision making process. The parents are invited to a second meeting. In some instances, parents are presented with an IEP and are asked for their approval. In other instances, the team goes through all six stages with the parent, but the decisions have already been made and team members are able to present a united front to the parents during the discussions. These kinds of practices are not in compliance with the federal and state rules and regulations. Parental participation is not required by P.L. 94-142 for determining eligibility; however, parental participation is required in developing the IEP.

How many meetings are held is not as important as: a) who attends each meeting; b) how much time is devoted to decision making instead of problem sharing; c) if decisions are made by the entire team or by one or two dominant team members; and d) the number of team members participating. As the number of team members increases, the time available for each team member to speak decreases. If appropriate decisions are to be made concerning diagnosis, eligibility, placement, and instructional program, settings for team meetings should allow each team member the opportunity to speak, ask questions, listen, and reflect on the issues being discussed.

Group Dynamics and Decision Making

The quality of decisions made by a multidisciplinary team is heavily influenced by the interpersonal dynamics that occur within the group. Professionals are trained in the theories, knowledge, and procedures of their specialized areas. Few educators, however, have been trained in the skills which are necessary to participate effectively in group activities as either a supportive group member or as a group leader. The guidelines of only one state briefly address some of the interpersonal dynamics of multidisciplinary teams which can either facilitate, disrupt, or affect the quality of team decision making.

This section discusses the levels of decision making, the characteristics of effective teams, and individual communication skills which are critical for team decision making.

Levels of Decision Making

Members of multidisciplinary teams need to be trained to arrive at a group consensus. If that isn't possible, team members should be able to employ strategies for arriving at a compromise position. Decisions at either of these levels are acceptable. Decisions made by one person and imposed on the group represent subjugation, the third level of decision making. Subjugation usually occurs when the team leader or a team member is perceived by others as being powerful, knowledgeable, authoritative, or aggressive, and has been successful in imposing his/her will on the group. Subjugation over a period of time usually leads team members to passive resistance and then to overt or active resistance. The fourth stage of decision making is avoidance. Avoidance may occur when the team doesn't feel ready to make a decision. A common example of avoidance is when a team states they need more information before making a decision. Failure to make a decision is often unnecessary and postpones action. Team members should make a conscious effort to examine all alternatives and points of view prior to making a final decision (Chalfant & Pysh, 1984).

Characteristics of Effective Teams

There are four characteristics which are often found in effective groups (Johnson, 1971). These characteristics also are found among effective multidisciplinary teams as well.

1. Safety. Team members must be able to speak openly during a team meeting without having their contributions ignored, criticized, ridiculed, or fear of being "punished" for disagreeing with the team members or the team leader.
2. Something to contribute. Each member must believe he or she has something to contribute. This belief can be developed and reinforced by team members listening and considering the suggestions or responses which are given by individuals on the team.
3. Something in it for the team member. Planning the educational programs of students is an important responsibility. Each team member must feel that he or she receives some satisfaction for participating in the planning process. Team members should be reinforced for their contributions not only by the leader, but by other team members as well. The attitude that "this is just another meeting to attend" undermines individual and team effort. Team members must be reinforced positively and receive satisfaction for reinforcement for being on the team.

4. Someone cares. Each individual on a team should feel that other team members care about him or her. Mutual concern between the members of a team helps the entire communication and decision making process, as well as creates an atmosphere of assisting one another to complete the group task.

A team that develops these four characteristics will: a) reduce the amount and degree of professional competition between specialists; b) avoid many personality or clique conflicts; and c) make group decisions rather than having one person's opinion dominate the team.

Communication Skills

Team members should develop effective interpersonal communication skills and use them in team meetings. Team members who violate the principles of effective communication have problems with: a) understanding the views of other team members; b) presenting their ideas effectively to the group; and c) allowing the decision making process to take place. Such team members are usually perceived as disruptive.

Team members should become proficient in four stages of the communication process (Chalfant and Pysh, 1981).

First, team members should learn to listen, observe, and interpret what others are saying or doing.

Second, it is vital that team members learn to control their emotional or attitudinal responses to others and maintain an objective and professional mind set toward the message and the individual who sent it.

Third, team members should think before they decide what to say. This includes selecting the content of the message, considering the possible consequences of the message, or revising the message content when necessary.

Fourth, team members should decide how to communicate most effectively by considering the amount of information to be shared, choice of vocabulary, language patterns, intonation, and openness and honesty.

Educators should be trained to recognize and avoid communication errors which are commonly made at each of these four stages of communication and to use appropriate guidelines or principles to improve their verbal skills in group interactions.

Facilitative, Disruptive, or Self-Serving Behaviors

Team members should be aware of interactive behaviors which influence team efficiency and effectiveness. There are behaviors which can facilitate the team in making a decision, as well as disrupt the team decision making process. Behaviors which are self-serving do not advance the team effort. Team members should be taught to identify these behaviors within themselves and others and to learn how to cope with non-helpful group behaviors within themselves and others.

Summary

1. It is essential that members of multidisciplinary teams learn how to function effectively and efficiently on the team and improve the quality of contributions to the team. This involves an understanding of group dynamics and the development of personal communication skills.

2. Multidisciplinary teams should envision themselves as decision makers. There are six decision making areas which can result in the

appropriate or inappropriate identification and placement of students in programs or services for the learning disabled. They are:

a) Validating referrals for testing;

b) Developing an assessment plan;

c) Integrating and interpreting findings;

d) Diagnostic teaching;

e) Determining eligibility;

f) Writing the individualized educational program.

3. A team's organization and function also contribute to the effectiveness of the decision making process. This includes:

a) Selecting team members;

b) Selecting patterns for team meetings;

c) Structuring team activities.

4. Team members should be familiar and proficient with the principles of group dynamics and interpersonal communication skills so that specialists from different disciplines can improve group effectiveness.

5. Of all the content areas of the state and local educational agency guidelines, little is said about the process of team decision making. Although this content area is one of the most crucial in the identification process, the least is written about it. There is great need for team members to receive in-service in group process skills so that the decision making processes of teams are more efficient and effective.

CHAPTER TEN

TRANSITIONING AND EXITING PROCEDURES

Most state educational guidelines include many pages of procedures for identifying, evaluating, and placing students in learning disabilities programs. In contrast, only a few paragraphs or pages concern the transition of students into declining levels of services or how to dismiss students from services which are no longer needed. This chapter will discuss: a) alternative levels of service, b) transitioning between service levels, and c) specific exit or dismissal criteria.

Alternative Levels of Services

The guidelines of all state educational agencies discuss the concept of the "least restrictive environment", which means that any student needing special education services should be placed in an educational setting appropriate to his or her needs and removed as little as possible from the regular classroom. There are three main reasons why all children regardless of their handicapping condition should be educated in an environment as much like the regular education program as possible. First, handicapped students need to learn to function in the larger society. Second, all students need to be better able to understand and accept human differences. Third, educators need to be careful that the labeling of a student as learning disabled or otherwise handicapped doesn't result in a meager education or isolation from peers.

The service models presented in state guidelines for handicapped students represent a continuum of delivery systems which range from regular classroom placement to residential school placement. Although most models include five levels of services, each higher level represents an increased amount of service for students whose problems are more complex and require more time and staff to meet their needs. An outline of a five-level continuum of services model offered by both categorical and non-categorical programs is outlined below. It should be noted that most students with specific learning disabilities are usually placed in levels I, II, or III. Learning disabled students with severe and multiple problems are sometimes placed in Level IV special day school programs.

Level I - Regular Class Placement with Teacher Consultation. The student with a mild learning disability remains in the regular classroom. The regular classroom teacher has the responsibility for implementing the IEP designed by the multidisciplinary staff. Special education services consist of consultation with the regular classroom teacher in planning and implementing the student's program. Regular classroom placement is an extremely complex process and requires precise coordination of the skills of all supportive personnel involved in educating the student as well as the complete cooperation of the regular classroom teacher.

Level II - Individual and Small Group Supportive Service 50% or Less of the Instructional Day. Level II is often referred to as a resource teacher program. The student spends less than 50% of the day in the special classroom setting. The regular teacher has the responsibility for the student's education. The special education teacher has the responsiblity for implementing specialized services delineated in the IEP and coordinating the intervention with the regular program. The instruction may be on a one-to-one basis or in small groups with remedial or supportive work in academic areas within a resource room. An itinerant special education program provides instruction to students in more than one school on a rotating basis.

States with non-categorical services serve the "learning disabled" student at this level with an inter-related resource program in which a generic resource teacher would work with a group of students who would probably be classified by a categorical program as specific learning disabled, educable mentally retarded, behaviorally disordered, or slow learners.

Level III - Special Education Instruction Programs 50% or More of the Instructional Day (Self-Contained Classes). The special education teacher plans and implements the student's total education program. Some students may be able to be mainstreamed into the regular classroom for one or more academic courses in which their interest level is high. Non-academic maintreaming in physical education, home arts, music, industrial arts, etc. permits the student to participate in areas which do not require significant reading, writing, or math skills. The major purposes of self-contained classes are:

1. To aid the student in adjusting to the demands of the school setting.
2. To provide structure for the student.
3. To teach the student basic skills necessary for mainstreaming.
4. To teach student basic survival skills for daily living and social awareness.
5. To provide intensive support to students.

Some guidelines suggest that placement in a segregated situation should be temporary; that is, placement in a self-contained class should not exceed two years for any given child. After two years a child might move to a Level I or Level II program, each of which may also be used for a maximum of two years. Designating the number of years in a particular service program is done only as a guide, not as a hard and fast rule. Some students may progress more quickly or more slowly than others.

Level IV - Special Day Schools: Public or Private. Students are placed into special day school programs only when their problems are so severe or complex that the support of ancillary services within the self-contained learning disability classroom is not enough.

There are procedures for placing students in state-operated or private school programs. These special day school settings may be provided by the school district or may be purchased from private schools who specialize in these problems. It should be noted that the public school is responsible for initiating and conducting meetings to develop the IEP, monitoring the progress of the student, and facilitating the student's re-entry into the public school system.

Level V - Residential Schools. This level is appropriate for students whose multiple problems are profound, complex, or otherwise so unique that no special education program offered by the public schools can adequately or appropriately meet his or her needs.

Discussion

Once a student is placed at one of the levels of program alternatives, the goal of special education should be to prepare the student for the next lowest level of service, until the student is able to function effectively in the regular classroom and no longer requires special education intervention. Placing a student in an educational setting appropriate to his or her needs and removed as little as possible from the regular classroom program is meeting the intent of "the least restrictive environment" principle.

Transitioning Between Program Levels

Many state guidelines do not address the problem of moving students from one service delivery level to another. One of the most often neglected transitions occurs with secondary level students as they move to vocational or occupational education programs. However, several states' guidelines address this issue. For instance, Hawaii's guidelines state that since normal achievement is considered possible for the learning disabled youth, career and vocational education would be similar to that for the normal youngster. However, since social judgment and impulse control problems are characteristic of the learning disabled, special education should provide instruction in getting along with others and controlling one's actions.

Georgia's guidelines describe the Related Vocational Instruction (RVI) program as one that:

1. Provides support services to handicapped secondary students enrolled in reimbursable vocational programs.
2. Has a limited case load of 22 students.
3. Helps the handicapped student function within the regular vocational program with the RVI teacher acting as liaison.

There is need for more descriptive criteria to help the multidisciplinary teams decide whether to leave students in their present placements or recommend changes to higher or lower levels. This section will summarize state guidelines on procedures for transitioning students between program levels.

Establish Procedures for Program Review and Evaluation

Public Law 94-142 requires at least one IEP meeting be held each year to review and revise each student's program. The required and continuous revision of the student's IEP provides the vehicle for making placement decisions. Reevaluations are required every three years or more frequently if conditions warrant or if the student's parent or teacher requests a reevaluation. The reevaluation of a learning disabled student should minimally include:

1. Vision and hearing screening;
2. Recent health information;
3. Assessment of current academic levels;
4. Observation in both the regular classroom and the special education program;
5. A review of the pupil's past individual education program.

Because teachers of learning disabled students are faced with highly variable performances from students, guidelines need to be developed to help multidisciplinary teams review reevaluations. Three criteria are frequently mentioned:

1. Whether the student has benefited or will continue to benefit from the present placement;
2. The nature of the student's academic, social, emotional, or physical needs;
3. The environmental expectations of both the present placement and the proposed placement.

The same care should be exercised in determining the continued need for continuing, modifying, or terminating special education services as was exercised in determining the initial need for special education.

Transitional Placement Alternatives

There seem to be four basic kinds of transitional placement decisions:

1. Continuation placement. This placement means that the student's current program is meeting his current needs and no change of placement is justified.

2. Alternative placement. This placement means that the student's needs have changed and he/she would benefit from another special education program.
3. Reassessment. Further diagnostic or evaluative information may be needed to make a placement decision.
4. Regular classroom placement and termination of special education services. Termination means that special education services are no longer needed because the student's IEP needs have been satisfied or the student no longer qualifies for special education services.

Establish Guidelines for Transition Between Service Levels

Guidelines for several states mention that it is difficult to develop specific transition criteria for terminating, decreasing, maintaining, or increasing special education services because of the diversity of the students and the differences in teacher expectations for students within a particular level.

The first step in developing behavioral transition criteria for each level of service is to ask the following questions about each student being considered for transition. In time, these questions will help generate transition criteria.

1. Is the student returning to the next lower level of service able to cope with the curriculum demands at that level?
2. Has an achievement battery been given the student to check on normative standings?
3. Are improvements in the student's learning behavior observable within the special education program?

4. Is there a specified transition time for mainstreaming the currently full-time learning disabled student into the regular class?
5. What are the criteria for the graduation of a learning disabled student at the high school level?
6. Can the student succeed in the next lower level with reduced support from the learning disabilities teacher?

Transitioning Between Grade Levels

Transition between preschool, elementary, middle or junior high and senior high school are delicate times. One strategy for making smooth transitions is to have staffings in the spring with special service staff from both program levels present to meet with the parents. If next year's receiving teacher observes the child in current new placement, problems may be anticipated and/or resolved. Also, student visitation to the receiving school is very helpful in reducing both student and parent concerns about the new educational setting.

Transitioning to the Regular Classroom

Whenever a student can respond in accordance with the minimum behavioral and achievement standards of the regular classroom, evaluation of a student's readiness for full-time regular class placement should include:

1. Assessment of the regular classroom. Can the existing instructional program accommodate the student without major changes?
2. Assessment of the student's skills and behavior. Does the student have the ability to cope with the behavioral demands of the classroom, curriculum requirements, and the group dynamics of his/her classmates?

3. Assessment of the progress reports from both the special education teacher and the classroom teacher. Do the reports reflect progress on IEP goals and objectives?

Here it should be noted that several states strongly recommend that the student being considered for removal from the learning disabilities program be gradually placed in the regular classroom for longer periods of time. Placement on a part-time basis in a resource room is often recommended in state guidelines. During the time the student is being mainstreamed on a trial basis, school personnel should monitor the student's progress to determine efficacy of placement.

Specific Exiting or Dismissal Criteria

When a student is being considered for dismissal, the decision to terminate special education intervention is an IEP team decision. No one person determines a student's placement in special education programs and no one person can determine that a child no longer requires special services. Parents are afforded due process rights and remain active in this process. Many state guidelines concerning dismissal or exiting criteria are rather general.

The decision to discuss the termination of learning disabilities services may originate from: a) accomplishment of the goals and objectives in the IEP that have been established as a criteria for reintegration into the regular classroom, or b) the results of the three-year evaluation.

Dismissal Criteria

Dismissal criteria varies from state to state, but there seems to be agreement that discussion concerning dismissal should be focused on the same variables that were considered in determining eligibility and placement. For example:

1. Is the student performing commensurate (100%) or nearly commensurate (80%) with his/her ability based on achievement test scores and classroom performance?
2. Is the student's performance in the regular classroom at the same level of performance as it is with the learning disabilities teacher?
3. Can the student succeed in a regular classroom without support from the learning disabilities teacher?
4. Is the receiving classroom teacher able to make any minor adjustments which may be necessary?
5. Is the staffing committee agreeable to issue a recommendation for dismissal?
6. Have the parents been involved in or informed of their due process rights?
7. Has the special programs administrator or his/her designee reviewed and approved the committee's recommendation for dismissal?

Trial Placements

A number of states recommend a trial placement by returning a student to the regular classroom full time without support from the learning disability teacher. Iowa, for example, recommends a trial placement not to exceed 45 school days to further assess the student's readiness for the regular program. The student's performance should be monitored during the trial placement. By maintaining the student on the special education roster, the student can be reinstated in special education if the trial placement is unsuccessful.

Considerations for Secondary Students

Florida notes some important considerations for secondary level students, particularly those in the 11th and 12th grades, who have been enrolled in a learning disabilities program for the significant portion of their school careers. Because these students are usually dependent upon the support system that the learning disability services provide, dismissal may pose a serious problem. Personnel developing and implementing the student's IEP should address skills needed by the secondary student to succeed independently in general education. These skills include:

1. time management skills
2. note taking
3. test taking
4. classroom behavior
5. textbook usage

Graduation requirements are a consideration which should enter in decision making for the secondary learning disability student. In many states, if the student is dismissed from special education and returned to the regular classroom setting, all requirements for a standard diploma become effective. Depending upon each state's plan, a student dismissed from a learning disabilities program and returned to the regular classroom often faces different credit requirements, has fewer options to obtain credit, and the increased likelihood of receiving a certificate of completion instead of the regular diploma.

Summary

1. Both categorical and non-categorical programs have alternative levels of programs for serving the learning disabled.

2. Although there are many guidelines for placing learning disabled students in special education services, most state guidelines devote only a few paragraphs or pages to transitioning and exiting procedures.

3. Transitioning procedures are used to gradually change learning disabled students to services requiring less time and specialized staff until the student is able to function in the regular classroom. These procedures include transitioning between service levels, between grade levels, and to regular classrooms.

4. Exiting procedures and dismissal criteria need to be presented in more detail in the state guidelines. These criteria and procedures are just as important as entering criteria and procedures.

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APPENDICES

APPENDIX A

ORIGIN OF DEFINITION OF LEARNING DISABILITIES

State	Federal Definition	Modified Federal Definition	State Originated Definition	National Joint Committee Definition	Non-categorical Services
Alabama		x			
Alaska		x			
Arizona	x				
Arkansas	x				
California			x		
Colorado			x		
Connecticut		x			
Delaware	x				
Dist. of Columbia	x				
Florida		x			
Georgia	x				
Hawaii	x				
Idaho	x				
Illinois		x			
Indiana	x				
Iowa			x		
Kansas			x		
Kentucky				x	
Louisiana		x			
Maine		x			
Maryland	x				
Massachusetts					x
Michigan		x			
Minnesota			x		
Mississippi		x			
Missouri	x				
Montana	x				
Nebraska	x				
Nevada			x		
New Hampshire	x				
New Jersey		x			
New Mexico			x		
New York		x			
North Carolina			x		
North Dakota	x				
Ohio	x				
Oklahoma	x				
Oregon		x			
Pennsylvania	x				
Rhode Island	x				
South Carolina	x				
South Dakota					x
Tennessee			x		
Texas	x				
Utah	x				
Vermont			x		
Virginia	x				
Washington	x				
West Virginia		x			
Wisconsin			x		
Wyoming	x				
TOTAL	24	13	11	1	2

APPENDIX B

MINNESOTA'S REVIEW OF OBSERVATIONS FOR LEARNING DISABILITIES

EXPERIMENTAL EDITION

STUDENT'S NAME: ____________________

READING DECODING (1.0)

EXPECTED LEARNING BEHAVIOR AFTER INSTRUCTION, AS DEMONSTRATED WITH AGE-APPROPRIATE MATERIALS	SOME BEHAVIORS THAT MIGHT SUGGEST LEARNING DISABILITIES (Place a √ in the appropriate box after each item.)	WHEN PRESENTED WITH AGE APPROPRIATE MATERIALS: NOT OBSERVED	OBSERVED: OCCASIONALLY	OBSERVED: OFTEN	SUMMARY SYMBOL
FOCUSES ON PRINT . Visual Reception 1.1	Covers one eye				
	Rotates material				
	Requires marker or finger to track (i.e. otherwise, does not move consistently left-to-right, or skips lines)				
DETERMINATION OF LIKENESSES AND DIFFERENCES BETWEEN/AMONG LETTERS . Visual Reception . Visual Conceptualization 1.2	Reversal of letters (e.g., b/d, g/p/q)				
	Confusion of letters (e.g., n/m, u/w, h/r/n)				
	Rotation of letters (e.g., t/f, n/u, g/d, p/b, M/W, N/Z)				
VISUAL DISCRIMINATION OF WORDS . Visual Reception . Visual Conceptualization	Scrambling and rotation of letters (e.g., how/who, left/felt, month/mouth)				
	Word reversals (e.g., was/saw, on/no)				
	Limited recognition of syllables, vowel teams, affixes				
	Limited recognition of spacing or boundaries between words				
AUDITORY DISCRIMINATION BETWEEN/AMONG PHONEMES . Auditory Reception . Auditory Conceptualization	Confusion of similar sounds (e.g., b/p, d/t, v/f, m/n)				
	Scrambling of sounds or syllables (e.g., aminal for animal)				
	Dropping the endings of words				
ASSOCIATION OF SOUNDS WITH WRITTEN SYMBOLS . Visual Conceptualization	Does not decode phonetically regular words				
	Does not recall common "sight words"				
	Does not analyze words into syllables or letter sounds				
BLENDING OF SOUNDS INTO MEANINGFUL UNITS . Auditory Conceptualization	Does not synthesize sounds into syllables or words				
AUTOMATIC RECOGNITION OF WHOLE WORDS . Visual Conceptualization	Guesses the words from beginning sound (e.g., says mother for moment)				
	Guesses on basis of similar configuration				
	Makes bizarre responses (i.e., no apparent attempt to decode)				
	Overrelies on context to guess unknown words				
APPLICATION OF DECODING SKILLS IN TEXT . Visual Conceptualization	Decodes single words in isolation but does not decode when reading the same word in a text				

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Scoring Note: If there are an equal number of √s in two or more columns, "round up" to select the appropriate summary symbol. For example, if 2 √s appear in the OCCASIONALLY column and 2 √s appear in the OFTEN column, [illegible] a [illegible]

KEY FOR ENTRY OF SUMMARY SYMBOL

All or most √s are in the NOT OBSERVED column—○
All or most √s are in the OCCASIONALLY column—▲
All or most √s are in the OFTEN column—■

APPENDIX C

Systems for Analyzing Sub-Test Scores of Psychological Tests

Author	Major Factors
Kaufmann (1979)	verbal comprehension perceptual organization freedom from distractibility
Bannatyne (1971)	verbal conceptual ability spatial ability sequencing ability acquired knowledge
Sattler (1974)	language memory conceptual thinking reasoning numerical reasoning visual-motor social intelligence
Guilford (1967)	operations: intellectual processes contents; nature of the stimuli behaviors; products; organization of stimuli
Valett (1965)	general comprehension visual motor ability arithmetic reasoning memory and concentration vocabulary and verbal fluency judgement and reasoning

APPENDIX D

State Guidelines for Determining Achievement-Potential Discrepancies

State	Informal Estimate	Grade Level Expectancy	Achievement Level Expectancy Formulas	Standard Score Expectancy	Regression Model	LEA Discretion	Non
Alabama	x	x	x				
Alaska	x						
Arizona						x	
Arkansas						x	
California			x	x			
Colorado		x	x				
Connecticut				x			
Delaware						x	
Dist. of Columbia							
Florida				x			
Georgia	x	x	x				
Hawaii						x	
Idaho		x	x	x	x		
Illinois	x			x			
Indiana						x	
Iowa	x			x	x		
Kansas			x	x	x		
Kentucky	x	x	x				
Louisiana				x			
Maine						x	
Maryland	x	x	x	x	x		
Massachusetts							x
Michigan				x	x		
Minnesota				x			
Mississippi			x	x			
Missouri	x			x			
Montana		x	x	x	x		
Nebraska				x			
Nevada	x	x		x			
New Hampshire		x					
New Jersey							x
New Mexico		x		x			
New York						x	
North Carolina	x			x			
North Dakota						x	
Ohio				x			
Oklahoma						x	
Oregon		x					
Pennsylvania						x	
Rhode Island		x					
South Carolina							
South Dakota							x
Tennessee	x			x			
Texas	x			x			
Utah	x	x					
Vermont				x			
Virginia	x	x		x			
Washington	x	x					
West Virginia	x	x					
Wisconsin			x				
Wyoming							x

APPENDIX E

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Alabama

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Gunterville, Alabama 35976

California

San Juan Unified School Distict
3738 Walnut Avenue
Carmichael, California 95608

San Mateo Office of Education
Special Education Local Plan Area
333 Main Street
Redwood City, California 94063

Colorado

Aurora Public Schools
Department of Special Education
Lansing Annex
11023 East Fifth Avenue
Aurora, Colorado 80010

Florida

Orange County Public Schools
Student Services/Exceptional Children/
Psychological Services
800 South Delaney Avenue
Orlando, Florida 32801

School Board of Pinellas County
Department of Education for Exceptional Students
1895 Gulf-to-Bay Boulevard
Clearwater, Florida 33575

Georgia

Cobb County Public Schools
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Muldoon Center
121 South Stanley Street
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1319 Washington Street
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Independence, Missouri 64055

Montana

Great Falls Public Schools
Skyline Center - Special Education
3300 Third Street N.E.
Great Falls, Montana 59404

Nebraska

Bellevue Public Schools
Department of Special Services
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Grand Island, Nebraska 68801

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Lawton Center
4400 Franklin Street
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Rhode Island

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Cranston, Rhode Island 02910

Rhode Island (continued)

East Greenwich Public Schools
Special Education Office
LeBaron Drive
East Greenwich, Rhode Island 02818

Tennessee

Knoxville City Schools
Psychological Services
101 East Fifth Avenue
Knoxville, Tennessee 37917

Texas

Carrollton Farmers Branch
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1721 Walnut Street
Carrollton, Texas 75006

Utah

Jordan School District
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Sandy, Utah 84070

Virginia

Henrico County Public Schools
P.O. Box 40
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Washington

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Educational Service District No. 123
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MacArthur, West Virginia 25873

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Madison, Wisconsin 53703

Milwaukee Public Schools
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2810 House Avenue
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